The Canadian Nurse

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ADDRESS TO THE GRADUATING CLASS

Quite a number of interesting letters come to the editorial desk; unfortunately most of them are not intended for publication. Sometimes, however, we are permitted to quote, provided we preserve the discreet cloak of anonymity. From behind this shield a physician, in the West, recently wrote to us as follows:

> When are you going to work up enough courage to tell the truth about these "graduation exercises"? The processions, the flowers, the music and, above all, the speeches, remind me of the practice of "suttee" in India—whereby the wretched victim, wreathed in garlands and drugged with mob excitement and flattery, is induced to fling herself into the flames of her husband's funeral pyre. What chance is there for these girls to make a living? Yet the hospitals are turning them out in droves. You must know — why don't you speak out?

While his simile seems a bit too dramatic, we know how our correspondent feels and his reference to our courage is all the more challenging because he himself is so conspicuously lacking in that very quality. He ends his letter with the familiar phrase: "Please do not publish my name." We won't; we shall just cower behind the flimsy screen of the editorial "we."

If we had to address a graduating class tomorrow what could we find to say — supposing that we confined ourselves to the truth? No woman who has herself had a long and happy nursing career could possibly look unmoved into those young faces, bright with hope, full of eager self-confidence. Yet, if she had imagination and a sense of humour, she would not be carried away by a wave of compassion but would remind herself that these are the children of the depression and that most of them cherish fewer illusions than she does. The flowers and the music may stir their blood but they are not taken too seriously. The speeches are not listened to at all. Youth has a bitter wisdom of its own these days, and is patient with the sentimentality of its elders.

If for a moment we could look through their clear eyes what should we see on the path ahead of them? Is it perhaps less terrifying than our Western physician takes it to be? We think it is.

For one thing, the long conspiracy of silence has been broken. It is openly admitted now that the possession of a diploma in nursing is not in itself any guarantee that one can earn a decent living in the practice of a chosen profession. However, it still gives the right to a place at the starting post and once the barrier falls, the race is to the swift and the battle to the strong. There may be fewer prizes but they are worth more. There is certainly keener competition, but that is what makes any race interesting. And what about those who get left behind in the ruck? Well, it looks as though there may be more use for them than ever before. There is a long, hard furrow for them to plough in unbroken soil. Nursing is going back to the land in Canada, and to the common people who live on it. It takes a lot of good workers to man a public utility and that is what nursing will probably become during the active professional life of this year's graduating classes.

Now a word in defence of the hospitals which our Western physician so sharply rebukes. We have fought many a round, in our time, with those hospital authorities who look upon schools of nursing as intended by Providence to afford a docile and inexpensive nursing service. Our head is bloody but unbowed and we bear them no grudge. Indeed, we are willing to admit that they must find it so difficult to keep their own heads above water that they cannot be blamed for clinging to a system which, when it began, was good enough. The trouble is that it needs overhauling in the light of a new social and economic situation—and change means effort, and effort, pain. Yet there are signs that the hospitals do not quite live up to their stern claim that they have no responsibility for helping the women they graduate to earn a living. Here and there, hospital directors are actively supporting schemes for community nursing services on a co-operative basis. And this is being done from the most practical of all motives—an enlightened self-interest.

Perhaps we need not concern ourselves too much with the reformation of graduation exercises. The flowers, the music, even the speeches may safely go on as usual. As the years pass, these ceremonies are taking on the dignity of an established rite which no one takes quite literally — but which has a deep significance to those who participate in it — and even a certain beauty all its own.

CATHOLIC SCHOOLS OF NURSING

Under the general direction of the Catholic Hospital Association of the United States and Canada an excellent directory has been prepared showing the present status of Catholic schools of nursing. The Councils on Nursing Education, connected with the Association in both countries, have participated in the preparation of the report in which much interesting information may be found. The section dealing with Canada shows that there are seventy-six schools, sixty-eight of which have government approval. It is estimated that approximately 28 per cent of all schools of nursing in Canada are operated under Catholic auspices and that 3,388 students are now enrolled in the approved schools. In referring to educational affiliation the following comment is made:

"The number of schools of nursing which have secured affiliation with educational institutions numbers thirty-one—the same number as reported for 1933. The types of affiliation with educational institutions are as diversified in Canada as they are in the United States. Three schools are affiliated with universities for courses in the basic sciences; five for nursing courses in various specialties; and one for the teaching of cultural subjects. Eighteen schools have secured some form of collegiate recognition. The interest in the subject, which has been greatly stimulated during the last two years, is resulting in the formulation of plans still in preparation. While the University of Ottawa has made considerable progress with its programme, it is known that other Catholic universities and colleges are developing their plans. The contributions made by St. Francois Xavier University in Nova Scotia are particularly valuable in this field."

SOME NEW THERAPEUTIC AGENTS

TRENHOLME L. FISHER, M.D., C.M., Lecturer in Therapeutics and Materia Medica, School of Nursing, Ottawa Civic Hospital.

Liver Therapy

Now we come to another therapeutic agent which is of intense interest because of improvements in its method of preparation and application. With the discovery in 1926 that it was possible to keep people suffering from pernicious anaemia not only alive for longer periods than had been thought possible before, but also feeling well, the whole outlook for those cases changed. Imagine the feeling of those persons who were suffering from pernicious anaemia and who knew anything about the disease. The diagnosis of pernicious anaemia had meant a life of invalidism interrupted only by various procedures which were to best of doubtful value, and that life was, in spite of everything, tragically short, a mere five years in the average case.

Here was something which promised them a long life of normal, useful activity, and was so simple it was almost unbelievable. So these individuals began eating liver, eating it in amounts which did not seem great at first but which became dreadfully monotonous in a very short time, so monotonous that soon some of them reduced the amount or stopped taking it altogether. Along came a relapse. They had been warned when they started taking liver that they would have to continue, but they did not believe the doctors who told them this, and so back to their doctors only to be told again to start eating liver and keep eating it.

Now it is a peculiar thing, but all of us have seen it, when a patient develops an illness, particularly if it be a long illness, he soon begins to act as though the doctor and nurse were personally responsible for the illness rather than responsible for making their best efforts to cure or alleviate it. It is hard on the doctor and nurse, but there it is. The result, however, is often good, even if the means to the end are aggravating, and in this case it was so. The very men who were responsible for changing this disease from a fatal condition to one which responded to treatment started all over again to find something easier for the patient to take. An extract of liver which could be prepared in the home and taken as a drink was the next step. Even after that objections kept up, and somewhat later a dried extract was prepared which could be put into a small amount of fluid, water, soup, grapejuice, or nearly anything else and taken at any time as long as it was taken regularly and in sufficient quantity.

It would seem that surely now these people would be satisfied, but they still kept saying it was too hard, and the investigators began again. This time they brought out an extract infinitely more potent than any of these others, an extract which contained in a few cubic centimeters of the active blood-forming substances from as much as a hundred grams of liver, an extract which could be given by hypo intramuscularly at long intervals, was comparatively painless and the effects of which would last anywhere from three to six weeks. That is the stage at which we have arrived at the moment and it is the intramuscular liver extract about which I want to say something.

Pernicious anaemia, as you know, affects three main systems of the body, the gastro-intestinal, shown by the sore mouth and the lack of hydrochloric acid in the stomach, the blood-forming system, shown by the low blood counts, and the nervous system shown by the staggering gait and later paralysis. With whole liver the blood count came up to normal, and with its approach to normalcy the gastro-intestinal symptoms cleared up, but the nervous symptoms were slow in leaving.

(This article is the third and last in a series dealing with new therapeutic agents. The others appeared in the March and April numbers.)

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

Their progress, however, was prevented and in some cases they cleared up. When the extracts were taken by mouth the nervous signs sometimes did not clear up, they sometimes progressed, but more slowly than without the extract. When intramuscular liver began to be used it was seen that the nervous symptoms did not progress and sometimes cleared up, so that for all practical purposes it was as good as whole liver. It had, too, the advantages that it could be given in definite amounts at long intervals, that the response to it was much quicker than to any other form of liver therapy, so that it could be used in extremely sick cases without the necessity for transfusion, and that the blood count was brought to normal in the shortest possible time.

Various concentrations are available, one with the equivalent of 100 gms. of liver in 3 c.c.'s of extract, and the one we see the most because of its comparative cheapness is the Connaught Laboratories preparation, which contains the equivalent of 100 gms. of liver in 10 c.c.'s of extract. It should be given deep in a muscle, preferably the gluteal, at weekly intervals until the blood count has reached normal and thereafter as often as necessary to keep the count at a normal level. The average dosage has been shown by Murphy, one of the original workers in this field, to be 100 gms. of liver every three to six weeks as may be required by the individual case.

In addition to the advantages I have already mentioned, there are others less easily defined. When treatment is not a continual process most patients will stick to it more faithfully, and constant treatment is necessary in pernicious anaemia. The fact that the patients must report to a doctor or nurse for administration of the intramuscular extract means that they are under supervision all the time and other illnesses which may adversely affect the pernicious anaemia are prevented in many cases. This is more important than it seems at first thought. During the course of any other illness, however slight an added strain is thrown on the blood-forming organs which may have one of two results, either the blood count will fall and both pernicious anaemia and the other disease will be worse, or more liver will be necessary. This latter is easily possible with a patient under supervision.

One further word about liver therapy. The use of liver does not permanently cure pernicious anaemia—thinking of cure as we mean it when we speak of quinine curing malaria—it simply supplies the body with a substance which can no longer be made, and therefore must be taken indefinitely. Patients should be told early and told often that liver cures pernicious anaemia just as food cures hunger. As long as there is enough food there will be no hunger, but no matter how much has been eaten at some previous time, hunger will recur if food be not taken often. So in pernicious anaemia, as long as there is enough liver substance present to stimulate blood formation the anaemia will not recur, but no matter how much liver has been taken at some previous time the anaemia will recur if liver be not taken. This cannot be emphasized too often, as altogether too many patients seem to have the idea that by taking liver for a varying length of time their pernicious anaemia will be cured and no further liver will be necessary. They must take it steadily and as long as they live.

Insulin

At the risk of being told that the subject of my text remarks is not a new therapeutic agent and that it cannot be included in this talk, I am going to say something about it. Insulin is a gland extract which resembles liver insofar as the necessity for prolonged use exists in severe diabetics and insofar as it does not of itself effect a cure of the disease for which it is given. It differs from liver in that it is not the method of treatment in the disease caused by its deficient production, but simply an adjunct to treatment and around this last point I wish to centre my remarks.

Patients should not be told that insulin will cure their diabetes or that with insulin they can eat as they like. A diet calculated for the individual under consideration is the proper method of treatment and the only one which offers them any hope of a long healthy life. The medical profession cannot be held wholly blameless in this connection, but we are slowly and surely putting our house in order. We need help, though, and you will be doing a real service by encouraging the proper attitude in relation to insulin. If diabetes in any person has reached the stage where it necessitates such a small diet as to be incompatible with a fairly normal or slightly less than normal round of activities, the use of insulin will allow enough extra food to permit more activity. In the management of otherwise healthy diabetics that is the only claim that should be made for it. It is far different, however, in the treatment of diabetics who are in coma or who are suffering from infection. In coma large doses of insulin must be given and given often enough to cure the comatose condition, and here it may be said that insulin is the method of treatment. When infection occurs the ability of the diabetic to utilize carbohydrates is so lessened that insulin again is the one life-saving form of treatment.

New Uses

Just to redeem myself, I am going to tell you something of one or two uses to which insulin is being put that are quite new. Insulin is being used to increase appetite and weight in thin emaciated persons who do not gain with routine measures alone. The patients are preferably put to bed, given a small diet with small doses of insulin before the principal meals of the day. The insulin dosage is slowly increased till fifteen or twenty units are being used three times daily before meals and the diet increased as the patient wishes for extra food. Little or no coaxing may be necessary as the insulin increases their appetite and apparently enables them to eat comfortably amounts they would otherwise think were too great. It is said that the increase in appetite will continue after insulin is withdrawn and that the gain in weight will be maintained. Many applications of this will suggest themselves to you quickly. The ones that have attracted the most attention are the use of insulin to increase appetite, weight and strength in psychoneurotic and psychotic patients, and to increase weight in tuberculous patients. Always have sugar in some form conveniently at hand when using insulin in this manner as insulin reactions may occur easily.

The Future

May I, in conclusion, direct your thoughts to the future. In spite of the great advances made in the past few years, only the surface has been scratched in many of these subjects. Consider endocrinology, in a few years the treatment of many conditions now considered fatal will be a possibility; consider heamatology, even now work is being done on an intravenous liver extract which will make treatment of pernicious anaemia easier, and in his remarks last week when awarded the Nobel Prize, Dr. Minot said the permanent cure of pernicious anaemia was his goal and left the impression that it might not be far distant; and consider the great field of brain and nerve surgery only now becoming generally used. Truly, we do not know what a day may bring forth.

CANADA AND DENMARK

There can be no better proof of the value of the courses given under the auspices of the Nightingale Memorial than the enthusiastic letters of the students who are taking them. Here are two—one from our own Elizabeth Smith and the other from Annette Pade of Denmark:

From Elizabeth Smith

First of all, I would like to express my gratitude to the Canadian Nurses Association for the opportunity which this year in England is affording me; its value cannot be overestimated and in future I shall be just a little envious of those who are enjoying for the first time the thrill of visiting this most interesting country. Each day has been crowded with new and interesting experiences and the time is passing much too quickly.

It is difficult to express the pleasures and advantages of living as one of the international group at 15 Manchester Square. This year fourteen countries are represented: Finland, Norway, Denmark, Latvia, Holland, Germany, France, Turkey, Bulgaria, South Africa, Scotland, England, the United States and Canada. One has an excellent opportunity of gaining a knowledge and understanding of the nursing problems of other countries. Miss Dorsey, our warden, is most gracious and understanding and has done much to make this year a happy one.

Bedford College and the College of Nursing have extended to us a warm welcome. The course, including as it does, work in hospitals and public health centres as well as many excursions of professional interest, is most stimulating and comprehensive. One of our great privileges is that of meeting nurses who are outstanding members of the profession, not only in their own countries but internationally. We have met among others, Dame Alicia Lloyd-Still, Mrs. Bedford Fenwick, Mrs. Carter (Chief of the Nursing Division of the L.O.R.C.S.) and Miss Schwarzenberg, executive secretary of the International Council of Nurses.

As members of the inaugural class of the Florence Nightingale International Foundation, we are keenly interested in the activities which are being undertaken in an endeavour to raise funds for the endowment. Many and varied are the projects planned. In the near future an illustrated travel lecture is being given by an "Old International"; the Nightingale Students of St. Thomas's Hospital have had sales of candy, and we are working on a programme of original sketches and songs and hope to realize at least a small sum. One cannot help being impressed with the appropriateness of this Foundation as a memorial to a great leader. It is such a living, vital, type of memorial and its influence will be world-wide. I am sure that nurses all over the world will be happy to see the future of the Foundation assured by a permanent endowment. The Florence Nightingale Memorial Committee of the Canadian Nurses Association merits the sincere gratitude of the Canadian nurses who are fortunate enough to have had this year of study in England.

From Annette Pade

How can it be possible to tell in a short article about an experience like this—a time when every day brings us many impressions and experiences which we have never had before? For the student coming from a little country who perhaps never has been abroad before, there is no doubt that this year in London is of tremendous value and that the friendship and fellowship with the students from all over the world is most profitable, because we have many opportunities of sharing different opinions and points of view.

Many of us spoke very poor English when we first came and we were hardly able to understand what was told us, but it is amazing how fast one makes progress when necessary. It has been comparatively easy for us this year because so many of the students are English-speaking and they have never tired of helping us and correcting us when we asked them to do so. Our life in London is an ever-changing existence: our time being divided between lectures, studying, writing essays and reports, excursions and, last but not least, all the wonderful amusements, theatres and concerts. During the Christmas holidays we were invited to a delightful Christmas dinner at the club of "The Royal British Nurses Association", on which occasion Mrs. Bedford Fenwick took the chair. The most impressive moment was when Mrs. Bedford Fenwick proposed a toast to all the Kings, Queens, Presidents and Dictators of the countries which we represented, remembering also all the nursing pioneers in our countries.

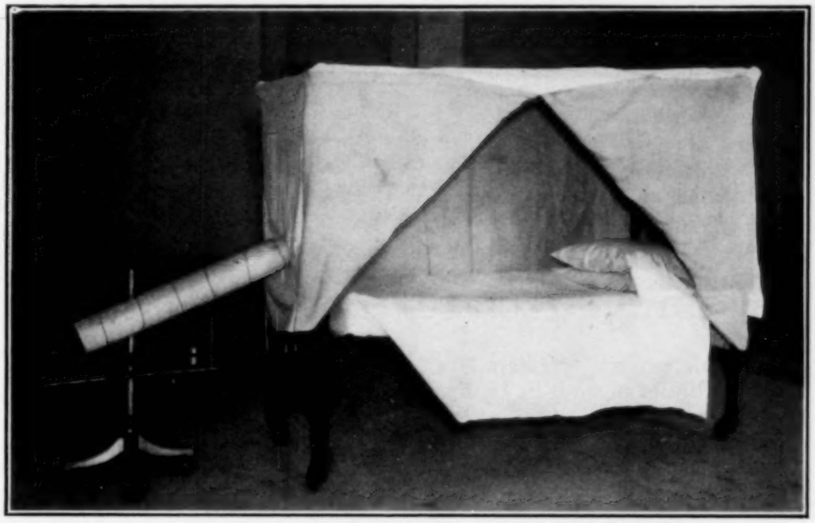
The time is passing very quickly—only four months are left—but we do hope that on going back to our own countries we shall all be able to do better work in our various positions and in the nursing profession as a whole.

THE "BURN" BED

FRANCES CHARLTON, Supervisor, Emergency Department, Toronto General Hospital.

Tannic acid is used in the treatment of second and third degree burns, which may be extensive burns, or small areas. When the patient is admitted to the accident ward, a sedative is usually given immediately. Shock, if present, is treated in the usual way, with heat, stimulants, and intravenous of normal saline. The burned areas are then cleansed with gasoline and ether, after all blisters and loose skin have been removed. This area is then sprayed with a ten per cent tannic acid solution, the first spraying being done in the accident ward.

The patient is then taken to the "burn bed," which has already been heated to 115 degrees. The patient is placed in bed on a sterile sheet, and throughout the treatment is kept on a sterile area, as far as possible. The burned areas are sprayed with tannic acid solution every half hour for forty-eight hours, or until a hard bark is formed. The blisters should be cut, cleaned and sprayed as they form. The bed should be kept at the above temperature, as this heat is necessary for the tanning process and for the comfort of the patient. When the burns are sufficiently tanned, the patient may be taken out of the burn bed, and daily dry dressings applied to the areas until the bark comes off, which usually takes from ten days to two weeks.



The bed is shown with the triangular flaps fastened back as they would be when care is being given. In the intervals the flaps are undone and brought together in the middle line and the bed is completely enveloped as by a tent.

In preparing this special bed (shown in the accompanying illustration), an ordinary bed is used, and is fitted with an iron frame about four feet high above the mattress, extending all around the bed. The cover, or tent, is made of heavy cotton sheeting on the outside, and blanket material on the inside. The cover fits tightly over the frame, hanging low enough below the mattress so that it may be tucked in, keeping in all the heat possible. There is an opening on both sides of the cover, about the middle of the bed, which may be fastened back by domes, to allow working space for the nurse. At the bottom of the bed is a hole just large enough for the pipe from the electric heater to enter. As a precaution against fire, this pipe is covered with asbestos.

The heater is a small electric heater, allowing three degrees of heat (low, medium and high), and may be connected to any ordinary light socket. The bed may be heated to 120 degrees, but 112 to 115 degrees is the usual temperature necessary for the comfort of the patient and the tanning process. A thermometer is hung to the top of the tent, about the middle, by which to regulate the temperature. The tannic acid powder is kept dry, and the ten per cent solution may be made by using 352 grains to eight ounces of warm, sterile water. The solution should always be freshly made, and an ordinary atomizer is used for spraying.

Large electric cradles may be used for this tannic acid treatment of burns, if a bed of this type is not available. The cradles are placed over the burned areas, and the treatment is carried on in the same way.

BRITISH COLUMBIA'S REFRESHER COURSE

"If we are to teach, let's learn how." This is the title of an article by Dr. E. M. Bluestone in *The Modern Hospital*, but it might well be used to express the objective of the Refresher Course which is being given by the Registered Nurses Association of British Columbia under the auspices of the University of British Columbia. Every nurse should be a teacher. Whether aware of it or not, she is constantly faced with opportunities for teaching—teaching student nurses, teaching patients, teaching the public! The course, which will be given from July 2 to July 12, inclusive, is planned primarily to help the nurse, any nurse, to be a better teacher. The privileges of this course are also extended to student nurses and other professional groups such as social workers and teachers. The programme (fuller details of which will be given in the June issue of the *Journal*) includes such interesting items as:

(1) Ten hours in general psychology: Dr. Edith S. Bryan, M.A., Ph.D., R.N., P.H.N., formerly assistant vice-president of the California States Nurses Association.

(2) Ten hours on the principles of teaching: Mr. C. B. Wood, of the University of British Columbia.

(3) Discussions and demonstrations of the practical application of the two previously mentioned courses to the work of the institutional and private duty nurse to be conducted by Mrs. Mary Marvin Wayland, formerly of Teachers College, Columbia University, and an outstanding authority on her subject.

(4) Ten hours on public health: Dr. Edith S. Bryan, whose book, "The Art of Public Health Nursing," has recently been published.

(5) Two hours on the nursing of neurosurgical patients: Dr. Frank A. Turnbull, specialist in neuro-surgery.

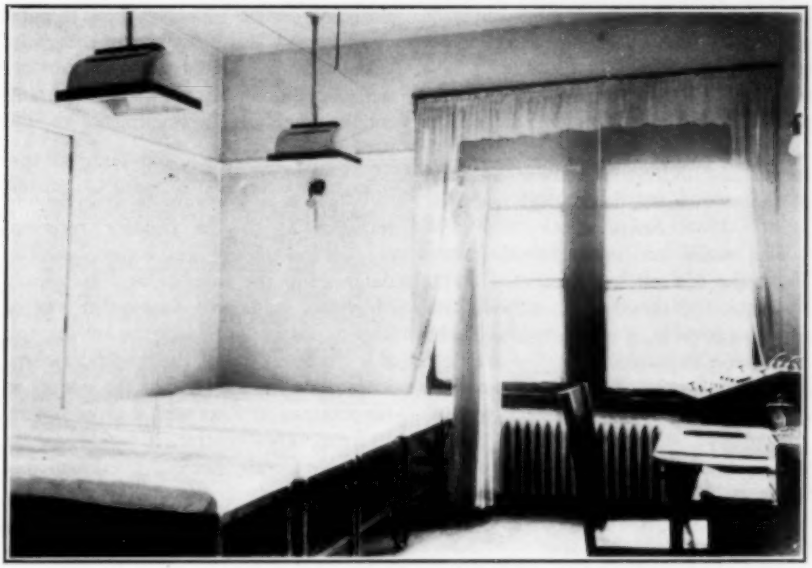
We suggest that you spend your vacation in Vancouver, and refresh yourselves professionally as well as physically. The registration fee of $5.00 for the two weeks, $2.50 for one week, and fifty cents (50c) for single day or lecture, is sufficiently low to keep away no one who really wants to attend. Application blanks may be had from Miss Helen Randal, R.N., 520 Vancouver Block, Vancouver, B.C.

ULTRA-VIOLET LIGHT IN A HEALTH PROGRAMME

E. WINIFRED WOOD, Vancouver General Hospital, Vancouver, B.C.

It has been apparent for some time that ultra-violet radiation, as administered to patients in hospitals, has been of considerable advantage to them and it therefore seemed that benefit might accrue to the members of the nursing service if such treatment were available for them. With this idea in mind, arrangements were completed, a little over a year ago, at the Vancouver General Hospital to instal a quartz lamp room in the Nurses Home, in order that treatments could be arranged for all members of the nursing staff. A special fund was fortunately available and the treatment room, or "Solarium" as it is now called, is in charge of a trained physio-therapy technician who is responsible for the proper administration of the treatments, and the keeping of records.

The room used for this purpose is quite small (11½′ x 17½′) but by means of careful arrangement of the cots, control unit and desk, it has been found quite satisfactory. It is equipped with three lamps, which are controlled from a single unit; these are suspended from the ceiling over eight comfortable cots and are so aranged that each cot receives practically an equal amount of ultra-violet radiation. There are two dressing rooms in connection with the "Solarium", used by alternate groups; these are equipped with mirrors, shelves, chairs and coat hooks. Each nurse is supplied with a small sheet, a pair of goggles, and a linen envelope or bag in which she keeps her sheet and goggles between treatments. When not in use these remain in the dressing room on a shelf and a small tag, bearing the name of the nurse, is attached to each bag. The sheet is worn, after the clothing is removed, in going from the dressing room to the treatment room. The only



Treatment Room Showing Lights and Control Desk garment worn during the treatment is a brief pair of shorts or trunks. The cost of the goggles is twenty cents and is paid by the student who retains them for future use.

The usual initial dose is one minute on the front and back of the body or less if circumstances indicate that this will be too much. The dose is increased at the rate of a half-minute or a minute a day at each subsequent attendance until a maximum of ten minutes is given on each side. Each day all are inspected before being given treatment in order to see how much reaction, if any, remains from the preceding dose; subsequent treatments and dosage are determined by what is found and individual records are kept of the attendance, dosage and reactions.

Schedules

The course of treatment commences about the end of September (or at the completion of the vacation period) and, as far as possible, is completed by Christmas. One additional course is arranged in January for the new probationary class and for any staff members who for any reason have been missed during the autumn. Treatments are available to every nurse in the hospital; they commence at eight in the morning (when those on night duty receive their treatment before going to bed) and continue at half-hour intervals until about four in the afternoon. Approximately a hundred nurses are treated each day, and these continue to take treatment for a month, at which time a fresh group is started. The schedule is arranged by a member of the training school office staff because special arrangements have to be made for those on duty to leave the wards at a suitable time. No treatments are given on Saturday or Sunday. When a lamp is not available for the exclusive use of the nursing staff it might be possible to arrange for treatment in the physio-therapy department of the hospital. Under these circumstances it would be necessary to reserve special hours and thus avoid any conflict with the appointments of the patients.

Results

While it is too soon to give definite statistics as to the benefits received, enough has already been accomplished in diminishing the number and frequency of winter colds and consequent loss of time to justify continuing the service, and it is the intention of the hospital authorities to do so. In view of the results so far obtained here, as well as those reported from other centres, it would appear advisable for any hospital to contemplate such a programme for promoting the health of its staff. Hospitals employing a permanent graduate staff would probably derive just as great benefit from such an arrangement as do those which conduct a school of nursing.

THE EDITOR'S DESK

Jubilee

In the month of May, the Boy Scouts will carry good news across this Dominion and will light bonfires which will flame from sea to sea, because it is our year of Jubilee. The beneficent reign of our beloved King and Queen has now attained the quarter-century mark and, even in a time of severe social and economic distress, the loyalty of the British peoples to their Sovereign has never wavered. The nurses of Canada add their voices to the Empire chorus: *God save the King.*

What Toronto Did

During October, 1934, the nurses of Toronto decided to do something about *The Canadian Nurse.* A meeting was held under the chairmanship of Miss Jean Gunn, at which twenty-one organized groups of Toronto nurses were represented. The editor of the *Journal* outlined the general situation and it was forthwith decided to carry on an intensive campaign for new subscribers by means of personal solicitation within each group. The campaign was carried on under the general direction of the central committee and all subscriptions were handed in to a central fund, with Miss Beatrice Ellis acting as treasurer. On February 15 the campaign closed, having attained the magnificent total of 470 new subscribers. At its concluding meeting the editor once more had the privilege of being present. In response to her appeal it was decided that the committee will not dissolve but will be available later for further advice and assistance.

What Toronto has done can be done by other large cities. We have our eye on several already and think we note the light of emulation shining on their brow —or is it the blush of shame?

Reader's Guide

We begin with a somewhat unconventional "Address to the Graduating Class." If you don't like it please write and tell us about it; we shall revel in your criticism. △ The last of the interesting series of articles by Dr. Trenholme Fisher on "Some New Therapeutic Agents" appears in this issue. △ Scholars from Canada and Denmark tell us what the Nightingale Memorial means to them. △ In "The 'Burn' Bed," Miss Frances Charlton, surgical supervisor in the Toronto General Hospital, gives a succinct and practical description of the nursing care of patients suffering from burns. △ In "Ultra-Violet Light in a Health Programme," Miss E. Winifred Wood tells us what is being done for the nursing staff of the Vancouver General Hospital. △ The correspondence page is chiefly a challenge to the adventurous. △ In "Maternity Service in England" we have quoted at length from a pamphlet by Dame Janet Campbell regarding a subject of which we shall hear more before long. △ Miss Amy Conroy gives a vivid glimpse of the life of a district nurse in rural Alberta. △ Do you remember your first night duty? Perhaps the memory would be happier if you had been initiated as Miss Eugenie Stuart suggests in "Night Duty Without Tears." △ There is more than one opinion about eight-hour duty for private nurses. Read what Miss Florence Dewey has to say and then fire away. △ Brief reference is made in "Notes from the National Office" to many interesting projects which are now under way. Keep yourself informed of what is going on in your province and elsewhere.

Correspondence

A Builder

Our hospital accommodates eight patients, though we often have from twelve to sixteen. There are only five bedsteads, so the remaining patients sleep on mats on the floor. We try to keep obstetrical and very ill patients on beds for their comfort, and also to save backache. We have no doctor, so all the responsibility falls on the nurse. I have two women helpers and one man, to help with the dispensing of medicines, a type of work I had to learn here in India. We are planning to enlarge our hospital, and the workers are now busy making the bricks. I know very little about building, so that it was quite a new experience for me last year to be chief overseer when our hospital was being built.

Many abnormal cases, especially in obstetrical cases are brought in to the hospital. Lately we have had a large number of Guinea worm cases and it is a very tedious job getting rid of them.

Margaret Suderman
(W.G.H., '27)

Deccan, India.

A Cry For Help

A letter from a friend who is a teacher in Kenya Colony, East Africa, tells of the great need of medical care and the distress caused by the lack of it. Her message reads:

"Last week our only registered nurse and her assistant who has only had maternity training, were both away from the hospital at once, for a few days, leaving trained natives in charge. The natives came over to call me for several serious cases, not because I know much, but because they needed moral support. Three difficult labour cases came on the same day. These women were so scarred by their circumcision (one of their tribal customs performed on young girls) that we had to cut a great deal, and sew up afterwards. Three little children, very ill with pneumonia, were also brought in. Then a man, requiring a mastoid operation, came 170 miles looking for medical help and had to be told that we had no doctor to operate on him. We are thankful that our patients are getting along quite well now."

This friend has asked me to tell my medical friends, so that perhaps some day, somehow, these people may receive the help they need. Only people with British certificates are allowed to practice in this Colony, but through our national magazine, *The Canadian Nurse*, I am seeking to pass her message on.

M. S., Winnipeg.

A Confession

Herewith a confession. I have been on the rolls of the graduate nurses for, let me see, nine years, and have not yet subscribed to *The Canadian Nurse*. This I say with neither pride nor regret. *The Canadian Nurse*, as a magazine, has never been of particular interest to me as a public health nurse. However, having read very carefully the last five or six issues I must needs change my mind and ask for the privilege of being a subscriber.

A Public Health Supervisor.

FLORA MADELINE SHAW MEMORIAL SCHOLARSHIP

For the Advancement of Nursing Education

A scholarship of $250 (two hundred and fifty dollars) is offered to a Registered Nurse in good standing, to enable her to follow a course at the School for Graduate Nurses, McGill University, Montreal, during the session of 1935-1936. For application forms, write to Miss E. Frances Upton, Suite 406, 1396 St. Catherine St. West, Montreal. Applications will be accepted until June 15, 1935.

Department of Public Health Nursing

MATERNITY SERVICE IN ENGLAND

Nurses who had the privilege of attending the conferences held with Dame Janet Campbell during her recent tour of Canada, will remember with pleasure her broad-minded and sympathetic conception of the rôle of the nurse in maternity service. Her hand-book, the title of which is given in the accompanying footnote, is specially valuable at a time when the functions of nurses in relation to programmes for maternal care are much under discussion in Canada.

Signs are not wanting that before very long we may have to revise our thinking on the whole question. While it is not suggested that our needs in Canada are identical with those in Great Britain or that our maternity services should be modelled on those of the Mother Country, it is obvious that what Dame Janet has to say about the organization of nursing services sheds some light on our problem. The practice of midwifery is not legally recognized in this country, but it is a matter of common knowledge among nurses that, though they have no training in midwifery, they are compelled, under certain circumstances, to act as midwives. In the nursing outposts this fact is quite frankly admitted. It might also be interesting to know how many times visiting nurses, even in large cities, find they have no choice except to deliver the patient. Night supervisors in hospitals in the smaller towns where there are no resident interns could give some valuable evidence regarding their need of a broader preparation in the field of obstetrics. Dame Janet's clearly expressed views are here quoted at some length:

The first twenty years after the passing of the Midwives Act of 1902 were spent in consolidating the place of the independent certified woman, and in gradually eliminating the untrained midwife. During the next ten years a better status was acquired for midwives, and rather better conditions of work. Since 1926 women not previously trained as nurses have been required to spend a year in training. The development of maternity and child welfare services aroused a new interest in maternity work, and led to a closer association of the midwife with the public health department.

But circumstances have changed materially since 1902. In spite of the improvement made, no one is content with the present position of the midwife, and the time would seem to have come once more to examine, and if need be, wholly to revise our ideas and our policy in regard to practice by midwives.

The midwife is firmly entrenched, and rightly so, in midwifery practice in this country, where she can render invaluable aid. But, with present-day notions of an improved standard of maternity work as a whole, are we satisfied with the conditions under which midwifery by midwives is conducted? Do we desire, for example, to continue to train the woman who has no other qualifications than the certificate of the Central Midwives Board? Are we content that such highly responsible duties — involving the life of mother and child — should remain in the hands of women of limited education, with a short training and no nursing qualification?

The position of the independent midwife is not growing easier. The falling birth-rate means fewer cases, especially among the mothers of families who would formerly have been her most faithful clients. Unemployment and poverty among her patients spell more bad debts for the midwife. Competition is keen; there are too many midwives in the towns for the available cases, relatively few of them are fully occupied, and many are married women who are not entirely dependent on their profession, but are glad to take some cases for the sake of the additional earnings. This not only leads to a lower standard of practice, but bears hardly upon the purely professional midwives. Another formidable competitor is the maternity hospital of the local authority, which is becoming increasingly popular with the women who in other days would have engaged midwives.

Something has been done to ease the burden of the midwife by providing her with medical

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"Maternity Services," by Dame Janet Campbell, formerly Senior Medical Officer for Maternity and Child Welfare to the Ministry of Health. 56 pages. Price, one shilling. Faber & Faber, 24 Russell Square, London, W.C.1.

aid in emergency, by compensating her for necessary suspension from practice, by paying part of her fee in necessitous cases, by subsidizing her if she cannot earn a living in a locality where her services ought to be available. But it is difficult to see any hopeful future for the independent midwife in an urban area. She needs reasonable working conditions, better remuneration, and opportunities for keeping her knowledge up-to-date; and the patient needs a higher standard of midwifery and nursing, including more ready relief from pain, than the midwife can give her unassisted. It seems impracticable to meet these two requirements and at the same time to allow the midwife to retain her position as an independent private practitioner. Should we not obtain better results from a service of midwives working whole-time under conditions somewhat similar to those of the Health Visiting Service?

I therefore make the following suggestions:

(1) That we should cease to train women in midwifery only, and that eventually all midwifery should be done by women having a nursing as well as a midwifery training.

(2) That midwifery and maternity nursing among women who need the assistance of a maternity service should be carried out by properly qualified whole-time midwives, working under a local authority, a nursing organization, or a hospital scheme, who would have suitable status, salaries, and conditions of work, and who would be in a position to co-operate fully with the maternity service of the area, and could also be given adequate post-certificate teaching.

In studying midwifery training abroad, one is at once impressed with the small number and high standard of the approved training schools in such countries as Holland, Denmark, Germany, and with the fact that all training is carried out in connection with large, well-equipped maternity hospitals by qualified teachers, so that a uniformly excellent standard of efficiency can be maintained.

In this country there are still far too many training schools if we think in terms of the number of students actually required for midwifery practice, and many of the best occupy themselves mainly with nurses who will not practise afterwards. The schools still vary widely in size, equipment, in facilities ordered, and in the qualifications of the teaching staff, many of whom may be excellent midwives, but are inadequately qualified as teachers.

For the purpose of training the midwives needed to carry on the practical midwifery work of the country (these should have preference over all others), we need (1) a smaller number of training schools, each large enough to provide for all branches of midwifery education, and suitably equipped and staffed; (2) a curriculum revised both in length and content, to enable the midwife to meet present-day requirements more satisfactorily. Among practical difficulties in the way of such reforms would be the provision of staff for maternity hospitals if pupil-labour were withdrawn or decreased, in view of the use now made of pupil-midwives to carry out much of the nursing work in maternity institutions, large and small. There is also the value of the training fees paid by pupil-midwives to the hospital. None of these considerations should be allowed to obstruct essential reforms, but educational and financial adjustments would no doubt be necessary in regard to the staffing and maintenance of the institution.

I suggest that the most satisfactory training for the midwife would include a foundation of general nursing (one to two years) on which could be based a two-year course in midwifery. The midwife could then rank professionally with the general trained nurse, but would be far better prepared for her special work than if she had taken the C.M.B. certificate after an ordinary nursing training. And her prospects should be no less good than those of the general nurse.

An obstacle in the way of such a training scheme is that neither the General Nursing Council nor the Central Midwives Board would have exclusive powers to organize or control it. A separate authority for the training of midwives would presumably be far less necessary if the midwife without nursing qualifications ceased to exist, while it would be advantageous to bring the new type of midwife into much closer relationship with trained nurses as a whole. It would, therefore, be necessary to reconsider the constitution and functions of the two supervisory bodies, and it might be found desirable to merge the duties and powers of both under one professional council, as has, for example, already been done under statute in Northern Ireland.

The midwife should, of course, be fully competent in the technical side of her profession, but she needs more than that if she is to become a valued colleague in a maternity service. She needs a grasp of the public health and preventive aspects of midwifery in its relation to maternal welfare, and an active sympathy with social or official agencies which are attempting to ease the burden of motherhood. She will acquire these qualities more readily if she is brought into contact with this spirit and atmosphere during her training.

Then there is the need for better training for teachers of midwifery or those who hold administrative or other responsible positions. One of the difficulties which would confront an attempt to set up a revised midwifery course would be the dearth of teachers adequately equipped to direct and undertake such training.

Dame Janet displays a refreshingly clear insight into the economic aspects of education and her frank statement that the need for student nursing service in hospitals ought not to interfere with reform applies to the nursing situation in general as well as to midwifery in particular. If, and when, it is decided to proceed with plans for advanced courses for nurses in maternity service the wise guidance of the British leaders, based on their long experience, may point the way toward better things in Canada. It goes without saying that public health nurses will be called upon to assume leadership, and it is not too soon for capable women to begin to prepare themselves for it.

IN RURAL ALBERTA

AMY L. CONROY, District Nurse, Pendryl, Alta.

Pendryl District is heavily wooded and lies a hundred miles south-west of Edmonton. The only clearing in the timber is for trails, and the nearest doctor and hospital are some seventy miles away from the scene of the district nurse's labours. Hundreds of families, driven from the dried-out areas by repeated crop failures, constantly stream past the nurse's log cabin. Some have just enough of this world's goods to keep body and soul together, but the treasured ten dollars filing fee is tucked away safely to ensure their getting the piece of land where they are planning to make their future home. Sometimes a long continued spell of hard times makes life a discouraging affair, and into this environment the Provincial Government sends a nurse equipped with elementary medical necessities. This woman needs more than professional ability to cope with such a situation: she must be a teacher if she is to fill the requirements of her post. It takes courage to face many of the problems that arise but the pioneer women are often such splendid examples that the nurse gains much from her contact with the settler. My readers may be interested in some of the following experiences; similar ones fall to the lot of any of our nurses working in outlying districts.

Ninety miles from a doctor, heavy timber for thirty of these miles, with a trail slashed through and huge stumps looming up every few feet, a man suffering from an acute appendix condition must be got to a doctor and a hospital. A stretcher made of small spruce poles and a grey blanket is constructed; good-sized stones are heated in the fire and dropped into a three-quart baking powder tin; these keep hot a long time. The patient is carried by neighbors for seven miles over the roughest part to the main road where a car with a dropped front seat conveys the patient, on a more comfortable stretcher, to the hospital.

Thirty below zero, with a blizzard in progress and a frozen lake to be crossed, the trail left by the driver in coming for the nurse is obliterated. The call came at 11 p.m. and the twelve-mile drive seemed like fifty. In the little shack a seventh baby was expected and, on the nurse's arrival, seemed due very soon, but by morning things had quieted down though the mother's condition appeared serious. No telephone or telegraph within twelve miles so a good rider is sent to ask the Canadian Pacific Railway agent to send the speeder at once for the doctor. This by the way is one of the coldest rides anyone can take. For hours the fight for the two lives which were at stake went on, and a hard fight it was. On the doctor's arrival no questions were asked. Everyone has absolute faith in him for he always responds effectively to our call for help. Very soon the mother and her babe are safe. As the doctor drove home, cold and tired but triumphant, he must have felt that this work, with all its hardships, is well worthwhile.

The people are essentially kind-hearted and in pain and trouble are possessed of courage and fortitude which are an inspiration. Obstetrical cases are and always will be the largest part of the work, and to these hard-working, patient mothers, fighting poverty under pioneer conditions, the district nurse is proud to be a comfort and to render them service. Pity and need make all flesh kin. One nurse says: "I have ridden in stone-boats and hayracks, in grain boxes and home-made sleighs, on seats with springs and more without, over bridges held together by thin planks and Providence (mainly the latter), down cut banks that made each individual hair stand on end, and now I have decided that for all-round safety I would prefer an aeroplane."

Book Reviews

PRINCIPLES OF ETHICS, by Dom Thomas Verner Moore, Ph.D., M.D., Monk of the Order of St. Benedict; Professor of Psychology, Catholic University of America; Director of the clinic for mental and nervous diseases, Providence Hospital, Washington, D.C. 368 pages. Price, $3.50. Published by the J. B. Lippincott Company, Philadelphia. Canadian Office: 525 Confederation Building, Montreal.

The ethical principles upon which this work is based are those of the Roman Catholic Church, and some of its precepts, therefore, will be accepted only by those who are themselves members of this communion. Nevertheless, this book will amply repay careful study on the part of all teachers and supervisors of nurses. It is founded on an empirical study of the actual incidence of moral problems in the daily life of the nurse, made by having ninety-five nurses keep diaries recording their daily moral conflicts. Extracts from these diaries (found at the end of the chapters of the book) give a vivid picture of the nurse's inner moral life and themselves shed a somewhat disconcerting light on what is apparently going on in the minds of some student nurses. The student of general ethics will find the background of the book a useful and stimulating guide to further reading. There is a brief bibliography and an excellent index.

SURGICAL NURSING, by Hugh Cabot, M.D., Senior Consultant, Mayo Clinic, Rochester, Minn., and Mary Dodd Giles, A.M., R.N., Associate Professor of Nursing Education, Vanderbilt University, Nashville, Tenn. Second edition: thoroughly revised. 441 pages with 123 illustrations. Price $3.50. London and Philadelphia: W. B. Saunders Company. 1934. Canadian Agents: McAinsh & Co. Limited, Toronto.

It is evident in this volume that the collaboration of physician and nurse in the preparation of text-books on nursing is usually productive of good results. The authors have succeeded in setting clear and concise descriptions of nursing techniques against a background of general knowledge which makes for understanding of the underlying principles. The chapters on urologic surgery are particularly good.

NIGHT DUTY WITHOUT TEARS

EUGENIE M. STUART, Ward Teacher of Students in the School of Nursing of Toronto University.

Night duty seems to the young student nurse to be a step into the dark. Until now she has been guided carefully along, receiving instruction as the need arose. Now there comes a break and she is scheduled to report for night duty—shall we take a specific instance and say that Miss A. is to report for night duty on Ward Five. Although she has been in the school almost a year, and is just completing her third week on day duty in the same department, she is actually afraid of what night duty has in store for her. She has heard tales from other members of her class as well as her seniors and realizes that she is to be put to the test. But this is not uppermost in her mind; she is afraid because she well remembers a night in her own life when she, with other members of her family, kept a long vigil and every noise was multiplied a thousandfold by the tension of the watchers.

Coming on Duty

Ward five has a bed capacity of 16 and adjoins another of similar plan. The night staff of the two consists of two students and a supervisor who is also responsible for the supervision of another unit of equal size but has no other administrative duties. She is therefore responsible only for the care of the patients, and for the supervision of these four nurses who each spend eight weeks on night duty. Miss A. is the only new nurse who will be assigned to her direction for the next two weeks, thus giving her sufficient time to introduce her to night duty. It is now seven o'clock and Miss A., who has been off duty for the afternoon, arrives fresh and apparently happy, to take her place with the supervisor, while the head nurse reads the report. "Good evening, Miss A.," says the head nurse, "were you able to sleep this afternoon?" "Yes, I slept for a couple of hours, but awakened wondering how Mrs. Brown was feeling.' "Mrs. Brown was operated on this afternoon for bowel obstruction, and has been transferred to the surgical department. The observation of the character of her vomitus which you reported to me this morning aided greatly in the diagnosis." A feeling of satisfaction for the moment placed Miss A.'s fear of the night in the background.

Together the head nurse, the supervisor and Miss A. visited Mrs. X., admitted that afternoon, who had collapsed at her home after vomiting a quantity of blood. The patient was a typical picture of hemorrhage but the head nurse remarked that her condition seemed slightly improved. Miss A. of course knew most of her patients who were all looking forward to having her as their night nurse for they had benefited by her understanding care and thoroughly enjoyed her slow dry humour.

Settling Down

The supervisor was used to introducing students to night duty and recognized the fact that every student is different. For instance, there was Miss Jones—self-sufficient to all outward appearance, but on knowing her a little better the supervisor found that this was just an exterior presented in order to cover deficiencies. And there was steady, serious-minded Miss Smith—all seemed gloom to her—and now here was the present problem, or was Miss A. a problem? She looked like a good nurse with a cheerful personal outlook and showing her high grade of intelligence by her knowledge of her patients. Now what was there for the supervisor to do?

First, she explained to Miss A. the responsibilities of the night nurse for the care of her patients and how the patient at night presented an altogether different problem to the patient during the day. Questions were asked on the methods of nursing effective in producing sleep, and detail instructions were given regarding the care Mrs. X. should receive and the importance of quietness and smoothness of movement in caring for her. Miss A. was assured that the supervisor would assist her in caring for Mrs. X. and the importance was stressed of taking and rceording her pulse every hour and reporting any change immediately. Miss A. suddenly turned, saying: "Every hour, even after 9.00 p.m.? The ward will be darkened and Mrs. X. will probably be asleep." The supervisor then explained about the night lights which are left on whenever a patient was to be carefully watched, and the significance of the changes in pulse which might occur at any time. Miss A. tried to hide a look of fear which she felt must not be recognized, but the supervisor who, during years of experience had often seen that expression, sensed the trouble. "This student needs more help than I at first realized", she thought.

The first part of the evening saw the supervisor making rounds on her other wards and when she returned to Ward Five she found that Miss A. had organized her evening's work well. The patients were fairly well settled for the night and Miss A. had given them nourishment but the supervisor noticed that the ventilation had not been considered. She questioned Miss A. on the factors contributing to the production of rest and sleep and, when at last ventilation was mentioned, Miss A. noticed her omission. The supervisor had learned through experience the effect produced on the student by allowing her to recognize her own omissions.

Miss B., a patient suffering from hyperthyroidism, was extremely nervous, unco-operative and seemed anxious. The supervisor explained to Miss A. what this condition was and that ordinary measures needed to be supplemented by special nursing care. First by every action, Miss A. had to inspire her patient with confidence: then a tepid bath, followed by a thorough massage and some light nourishment. It was pointed out that this patient might not respond as expected, and if after a reasonable length of time she were not asleep, a sedative prescribed by the physician might be administered. As Miss B. was to have a basal metabolic test in the morning, there was all the more reason why she should have a good night's rest, and Miss A. was told of a patient who was to have had a similar test but was upset because her nurse refused to give her a drink of water, without any explanation of why she could not have it. She explained how this refusal had so irritated the patient that it was impossible to obtain a correct estimate of the basal metabolic rate, and the test had to be repeated.

Reassurance

By the time the patients were completely settled, it was about ten o'clock and Miss A. had had no time to become introspective. Besides, what had she to fear? There was the responsibility for Mrs. X. but the supervisor came along just at that moment, asking when she had last seen her. Now she would have to go alone down that long corridor with the mysterious shadows on the walls—the silence broken by the breathing of old Mrs. Brown in the corner who could only sleep on her back. But no, she did not have to go alone, here was the supervisor; she must have noticed the hesitancy with which she had picked up the flashlight, must have realized how afraid she was. However the supervisor said she thought she too should see Mrs. X. for Dr. O. would soon be in to inquire as to her condition. Then perhaps the supervisor did not know she was afraid—what a relief. The patient was resting comfortably and her pulse seemed of better quality and, as they stood together beside her, Miss A. felt a great feeling of security. The supervisor then asked Miss A. to see that the other two patients were all right, explaining that rounds had to be made so as to see patients at least every half-hour. Without realizing that she was plunging into the dark, Miss A. made her rounds while the supervisor waited. And so the night wore on—charting, rounds, a hot water bottle for old Mrs. Brown, a window opened for Miss Y. Miss A. is making rounds by herself now, but when it came time for her midnight meal, Miss A. was too excited (or was it fearful), to enjoy it. The supervisor enquired about this for she knew that fear results in loss of appetite and indigestion. During her rest period, Miss A. was relieved by a nurse from Ward Three and the supervisor saw that she had nourishment before continuing her night's work. Through the night, when Miss A. was not actively engaged, the supervisor tried to interest her in something or somebody besides herself.

The Night Ends

It was not long before the gray light of dawn began to show through the eastern windows. Mrs. X. had had a quiet, restful night and her pulse rate had decreased considerably. Miss B. had slept for six hours, in fact was still sleeping when the day nurses arrived. The other patients seemed to be in good spirits as Miss A. made her last rounds, putting beds and tables in order, and filling the last-minute wants of her patients. Miss A. felt as she went off duty that she was going to enjoy night duty. Her fear of the night had been lessened; and she had come closer to her patients than at any time on day duty. Was there a bond and were they, too, apprehensive of the night? Perhaps so. At any rate, she went to bed with a greater feeling of reassurance than she had experienced at any time since she had been told she was to begin her first night term.

A Point of View

In relating this experience, my purpose has been to help create a point of view, rather than to give concrete rules to be put into practice. The supervisor should recognize the fact that the novice is subject to frequent emotional disturbances, fear being one of the most common, and that only as learning progresses, is greater poise achieved. She should recognize that as the result of fear, efficiency in acts of skill, and capacity for judgment, reasoning, and learning, are all decreased. Her aim should be to help the student overcome this handicap and this is not an easy task, nor can it be accomplished in a short time. Above all, it necessitates understanding and patience on the part of the supervisor.

THE "M.G.H." SCHOLARSHIP

The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of $300.00 to a graduate of this school, who is in good standing, to enable her to attend any of the regular courses given in the School for Graduate Nurses, McGill University, Montreal. These courses include: teaching in schools of nursing; supervision in schools of nursing; public health nursing; supervision in public health nursing. Applications will be received by Miss Martha Batson, the Montreal General Hospital, until June 15, 1935.

Department of Private Duty Nursing

THE EIGHT-HOUR DAY

FLORENCE DEWEY, Private Duty Nurse, Montreal.

The great problem of private duty nurses to-day is "unemployment." Practically any nurse, not eligible in other fields, is automatically relegated to the ranks of private duty. This adds to our numbers and increases our responsibility and that we should bear the whole burden seems unjust. We feel that this is a problem to be dealt with by the organized profession as a whole and we look for co-operation and support. Recent statistics show forty per cent of private duty nurses to be in straitened circumstances with nothing better in prospect. Our plight has been "cussed and discussed," suggestions have been made for experimentation in hospitals for a period of "five years or so," after which time, results will be studied. These suggestions are well meant but largely conjectural; what is more, a glance at nurse registries and bank statistics would indicate that by the end of "five years or so" we, as a professional unit, may be completely extinct.

Due to early influences, we have been inclined to pass up sound business principle in order to listen to high-sounding ethical platitudes. Not infrequently this latter counsel is that of people who are themselves economically secure. Furthermore, exhortation does much to fortify the spirit but little to provide nourishment for the body. In order to emerge from the present economic doldrums we must base our next move on factual, not ethical material. Our future rests in our own hands and it is only by the energetic backing and co-operation of every private duty nurse in the Dominion of Canada that we may hope to bridge the gap between the patient of moderate means and the qualified nurse, to our mutual advantage. We propose the eight-hour day as one solution. This plan would mean the employment of a nurse, for a period of eight hours only, at a reduced fee, or the employment of three shifts of nurses, over a period of twenty-four hours, at a reduced fee for each, but without any increase in the total cost to the patient over and above what he now pays two nurses who each work for twelve-hour periods. This system is already in operation in a number of cities and towns in the United States and some experiments are under way in Canada. What are its advantages?

The Patient

The patient gets better service. Experiments with micro-motor films show that indecision and inacuracy come about as a result of fatigue. Dr. Johnson, of the American University at Washington, states that "a person very tired is slightly insane." The aim of the nurse is to give the best possible nursing care; what better guarantee can we have of providing it than by insisting upon reasonable working hours? Surely this would promote a speedy recovery. A tired nurse affects her patient adversely, whereas the refreshed nurse has beneficial psychological as well as better technical effect.

The average patient first demands one hundred per cent efficiency; after that, what? Nothing less than alert, spontaneous, intelligent and versatile companionship. An eight-hour day would make this possible. In the *Survey*, 500 doctors agree that private duty nurses are ignorant of the events of the day. Do you wonder?

Should a patient, looking forward to a long convalescence wish to keep only one nurse in attendance, he has more chance of making a suitable selection with a choice of three as against two. Furthermore, at the end of twelve hours, does not the patient get bored with our face?

We see dozens of other people in our twenty-four hours. Why then should not they relish a change of personality? As for the adjustment of special nurse to general floor duty nurses, reports from various hospitals state that this is effected simply and pleasantly without inconvenience to patient or staff.

The Doctor

Doctors say: "Where are the nurses of the old school who worked untiringly, sometimes day and night?" Where are they now? Gone, sirs, under the sod; worn out before their time! As to reports and rounds, and the extra trouble with three nurses, doctors have a guarantee of more observant co-operation and intelligent execution of their orders. An article in the *American Journal of Nursing* states that 98 per cent of patients prefer the eight-hour schedule. Please your patient and you will please your doctor. It is true that prior to its adoption, many doctors opposed the eight-hour plan, but these same doctors in many instances now prefer it as a means of procuring a better quality of service.

The Hospital

We nurses are willing to accept less money in order to give to the patient a twenty-four hour service at the same cost. But this can only be possible if the hospitals will meet us half-way by reducing the charge now made for our meals. Some American hospital boards have generously supported this movement by following the example set by the nurses, and have sacrificed this part of their income. Canadian hospitals will surely not be less co-operative.

The Nurse Herself

American hospitals, where this plan is in operation, show an increase in employment of twenty-six per cent, with proportional increase in earnings. Contradiction of this statement cannot be sustained, for, in each and every case, all nurses with the exception of those working more than twenty-five days per month, show an increase in income. The eight-hour day would provide an opportunity for outside interests whereby we could improve our status intellectually, culturally, and physically. We all have hobbies, some of which might be capitalized in our spare time; but in enforced leisure our minds are too harassed for any clear thinking. An eight-hour day would afford the mental attitude inducive to concentration by which we might carry out some of our more progressive ideas. One journal cites instances of two nurses, both working on the eight-hour schedule, one of whom spent her leisure hours in learning occupational therapy, the other in taking a business course. Both girls fitted themselves for positions in their respective departments, thereby helping not only themselves but automatically depleting the ranks of the specials as well With us, at present, such creative forces are numbed and all our ingenuity goes toward dodging grocery bills and landlords.

Consider the chronic night nurse—she who registers for "day or night" and, inevitably, gets *nights*. With an option of at least two shifts, this nurse would have some chance to come into contact with the doctor on her case, and with the events that take place in the hours of daylight and action.

Consider the twelve-hour working day from a health standpoint. Such long and irregular hours impair one's physical stability. It is due to that enternally "dragged out" feeling, after leaving our beds at 6 a.m. and getting back from our day's work at 8 p.m., that we cry: "We don't live; we exist!" Then there is the social slant. The public are well informed through various channels, of the sad plight of the poor private duty nurse. Their reaction manifests itself in an almost patronizing pity in place of the respect that our profession has every right to demand. Is this inducive to that dignified, self-confident, spirit that is the right-

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ful heritage of every nurse? Absolutely not! It is demoralizing; we are in the grip of a social inferiority complex.

Some Obstacles

Reports from six provinces in Canada indicate that a major obstacle in carrying through this plan successfully is the lack of specific knowledge and understanding on the part of the nurses as a whole, and the indifference and timidity of those in positions of leadership. Certain of the more prosperous nurses are accused of holding out against it in order not to curtail their own incomes. Surely, for the good of the cause (and *noblesse oblige*) they should, until graded nursing service is established, be willing to pool their interests.

The objection has also been raised that in the case of a patient having only one or two specials, that the latter, turning the case over to the floor nurses and being aware of some major treatment (such as intravenous, etc.) being due very shortly, would feel morally bound to remain in attendance. These incidents are exceptional; exceptional situations require exceptional service. We have often made good on this score after twelve hours' service and are ready and willing to make an extra effort any time the occasion demands. On the other hand, the nurse who habitually overstays her working hours establishes a poor precedent—for which she gets little thanks and is certainly not appreciated. Those who have tried this plan advise solidarity of action as a slogan. Once this thing goes through we must be sporting enough to give it fair trial; dissension in the ranks is fatal. United we stand; divided we shall surely fall!

The Public Interest

Public health to a great extent depends on nursing efficiency. The public may mistakenly consider such a change to be costly. At present the cost is being met by sacrifice of health and mental and physical fitness on the part of the nurse. Many private duty nurses are idle, while, at the same time the great majority of sick people, outside of hospitals, are without qualified nursing service. We look forward to the realization of some comprehensive scheme whereby both problems may be solved. Experiments in health insurance and graded nursing service are now in the air; the machinery of industrial recovery is slowly getting under way; more powerful forces than we are employed with the technicalities of these schemes; meantime, let us conserve our strength and give this new plan a fair trial. Let the eight-hour day be our Mecca!

(Many hospital authorities and some private duty nurses do not agree with the ideas expressed in this article. We invite discussion.—EDITOR.)

RELIEVES CONGESTION

Muscular rheumatism, neuritis, sciatica, lumbago, torticollis, as well as other forms of fibrositis, are the cause of a great deal of disability in all walks of life, with a corresponding economic loss. In the physical treatment of these conditions heat, as supplied by a poultice of Antiphlogistine, which maintains a warm, even temperature for hours, may afford more grateful relief to the patient than any other measure. By promoting correction of the local blood and lymph circulations it helps to relieve the inflammation and congestion, so that the pain is reduced and greater ease of movement follows. Its therapeutic advantages, coupled with the plastic and adhesive nature of the Antiphlogistine, go far towards helping the patient to carry on efficiently with his daily tasks.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Executive Meeting

The Spring Meeting of the Executive Committee, Canadian Nurses Association, was held in Regina, Saskatchewan. Those in attendance were: The President, Miss R. M. Simpson; Miss A. E. Wells, of Winnipeg, Chairman of the Public Health Section, C.N.A.; Miss E. Amas, of Saskatoon, President of the Saskatchewan Registered Nurses Association; Miss A. Lawrie, of Regina, Chairman of the Nursing Education Section, S.R.N.A.; Miss H. Wills, of Regina, Chairman of the Private Duty Nursing Section, S.R.N.A., and Miss Elsie J. Wilson, Honorary Secretary, C.N.A.

Auditor's Statement

The Auditor's Statement of the Canadian Nurses Association for 1934 showed that the Association was in a sound financial condition; this gratifying situation was noted with satisfaction by the Executive Committee.

"The Canadian Nurse"

The report of the Editor and Business Manager of *The Canadian Nurse* stated that the subscription list was increasing, while the chairman of the Publications Committee reported plans for a campaign for circulation in all provinces.

Victorian Order of Nurses

The President, Miss R. M. Simpson, was appointed C.N.A. representative to the Central Board of the Victorian Order of Nurses for Canada.

Joint Study Committee

A letter was read from the immediate Past President of the C.N.A., regarding the future of the Joint Study Committee. After considerable discussion during which the value of the Committee as a link between the Canadian Nurses Association and the Canadian Medical Association was stressed, the following action was agreed upon:

That the Executive Committee of the Canadian Nurses Association communicate with the Secretary of the National Joint Study Committee asking that the National Joint Study Committee broaden its scope of activity to include a study of questions of mutual interest to both the medical and nursing professions which may be referred to this Committee by either Association from time to time, and further to suggest as a matter of immediate consideration, a study of the relation of nursing service to a possible plan of state health insurance.

Nursing Education Section

The report of the Nursing Education Section referred to the proposed Outline of Activities as distributed to the provincial sections, also to the progress of the Committee on Curriculum and to the formation of a Committee on Instruction. The personnel of the latter includes Miss Gladys Sharpe, School of Nursing, The Western Hospital, Toronto, as Convener, and provincial representatives as follows:

Alberta: Miss M. A. Turner, University Hospital School of Nursing, Edmonton. *British Columbia*: Miss A. Cavers, Vancouver General Hospital School of Nursing, Vancouver. *Manitoba*: Miss G. E. Thompson, Misericordia Hospital School of Nursing, Winnipeg. *New Brunswick*: Miss M. Myers, General Public Hospital School of Nursing, Saint John. *Nova Scotia*: Miss H. E. Joncas, Victoria General Hospital School of Nursing, Halifax. *Ontario*: Miss F. Quigley, Victoria Hospital School of Nursing, London. *Prince Edward Island*: Miss F. Platts, Prince Edward Island Hospital School of Nursing, Charlottetown. *Quebec*: Miss N. Mackenzie, School of Nursing, Montreal General Hospital, Montreal. *Saskatchewan*: Miss H. Keeling, Regina General Hospital School of Nursing, Regina.

Private Duty Section

Included with the report from the Private Duty Nursing Section was a copy of the suggested plan of study for Private Duty Nurses which had been sent to the provincial sections. Due to the resignation of Miss C. M. Watling, of Montreal, vice-president of the Section, the Council appointed Miss Jean L. Church, of Ottawa, to that office.

Public Health Section

This Section's report referred also to the outline of programme for the two-year period as sent to the provincial sections.

Provincial Associations

Interesting reports from all the Provincial Associations were received. Plans for refresher courses were announced by Alberta, British Columbia, Nova Scotia and Ontario. Alberta and Ontario reported 16 per cent increase in membership while that for Saskatchewan was shown to have reached the remarkable increase of 70 per cent. The Provincial Associations of New Brunswick, Nova Scotia and Prince Edward Island are studying ways and means in connection with inspection of schools of nursing. Each province announced progress in study of the various projects which were referred to them by the C.N.A.

The Council of the Alberta Association of Registered Nurses has submitted recommendations to local associations of nurses relative to local registries as to, first, control and management; second, scope of development; and third, responsibility toward members.

During the 1935 session of the British Columbia Legislature, the Registered Nurses Act (1918) has been amended. The name of the Association has been changed to read "The Registered Nurses Association of British Columbia." Various other changes in the Act will be announced later. Reciprocal registration arrangements have been ratified between the Registered Nurses Association of British Columbia and the General Nursing Council for Scotland on the same basis as that completed between the Association and the General Nursing Council for England and Wales. The special committee appointed by the Council of the New Brunswick Association of Registered Nurses to prepare an outline of a Community Nursing Bureau, presented their findings under two headings, namely, personnel and management, and publicity. Following thorough consideration of the Outline it was decided to table the findings pending developments along health insurance lines. A resolution had been received from the St. Stephen Chapter recommending the adoption of the eight-hour day for nurses in New Brunswick. The annual meeting of the Registered Nurses Association of Nova Scotia is to be held in Halifax on July 4 and 5.

A representative delegation from the Registered Nurses Association of Ontario met with the Minister of Health when a brief was presented in connection with Nursing Education in Ontario. The special committee appointed to enquire into the extent and adequacy of nursing service available to the non-hospitalized sick in Ontario prepared a questionnaire which was submitted to every physician in the province during a given week. The information thus obtained was to be tabulated and presented to the annual meeting of the Association.

The Private Duty Section of the Saskatchewan Registered Nurses Association has suggested to all city hospitals in Saskatchewan that an interneship, as outlined in the *Survey of Nursing Education in Canada,* of at least six months, be made available to recent graduates. The Public Health Section is making a study of the Survey of Public Health Nursing in the United States with a view to carrying on an examination of this phase of nursing.

Conference of Social Work

In response to a request to the Canadian Nurses Association to contribute to the programme of the National Conference of Social Work, Miss Mary S. Mathewson, Assistant Director, School for Graduate Nurses, McGill University, is to give a paper on "The contribution of health services to social welfare." The Conference is to be held from June 9 to 15, 1935, in Montreal.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

Calgary: Miss Ella Foerstel (Calgary General Hospital School for Nurses, class of 1924), who has been successfully engaged for some years as assistant operating room supervisor, has recently been appointed anaesthetist on the staff of St. Luke's Hospital, Tokio, Japan. Her letters contain most interesting reports of her work which she is enjoying to the full, as well as conveying the atmosphere of charm which Tokio and its surrounding area has to offer. Her hospital associates and many friends join in congratulating her upon this splendid recognition and wish her every success as she continues her professional career in this far-away field. Miss Evelyn Waddell (Calgary General Hospital School for Nurses, class of 1931) has recently received an appointment with the Provincial Health Department and is now stationed at Fawcett, Alta. She has for the past few years filled most satisfactorily the position of assistant night supervisor in her own School. Her many friends wish her continued success. Miss Kathleen McNeil (C.G.H., 1930) has been appointed to fill the vacancy.

BRITISH COLUMBIA

Vancouver: Reciprocal registration arrangements have been ratified between the Registered Nurses Association of British Columbia and the General Nursing Council for Scotland on the same basis as that completed between the British Columbia Association and the General Nursing Council for England and Wales. The Registered Nurses Act (1918) has been amended during the 1935 session of the British Columbia Legislature. The name of the Association has been changed to read "The Registered Nurses Association of British Columbia," and various other changes have been made. Attention is drawn to the Refresher Course to be held July 2 to 12, inclusive. Fuller information may be found elsewhere in this issue.

Victoria: The annual meeting of the Jubilee Hospital Alumnae Association was held recently and reports showed considerable activity. The membership numbers ninety-six. Two donations of ten dollars each have been made to the Nightingale Memorial Fund. Our bursary of one hundred dollars was awarded to Miss Connie Todd, a graduate of the class of 1932, for postgraduate work in pediatrics at the Infants Hospital, Vancouver. Our financial activities have met with success and thanks are due to the untiring efforts of the convener and members of the social committee. The attention of the members was drawn to the Sick Nurses Benefit Fund. Each year, 75 per cent of all dues is transferred to this Fund, and now there is about nine hundred dollars on hand. Any active member who is in need of assistance as a result of sickness may apply.

We regret to report the death of two of our members: Mrs. J. Leetham (née E. Shaw) and of Miss M. M. Marlatt.

Nelson: A meeting of the Nelson Graduate Nurses Association was held on April 2 when an interesting paper was read by Mrs. A. Banks on "The prevention and treatment of diphtheria." A delegate was appointed to represent the Association at the Annual Meeting of the British Columbia Registered Nurses Association. Miss M. Ahier and Miss M. E. Carboneau, both graduates of St. Joseph's Hospital, Victoria, have been appointed to the staff of the Kootenay Lake General Hospital.

MANITOBA

Winnipeg: The members of the Board of Directors of the Manitoba Association of Registered Nurses, entertained at dinner on March 12, in honour of Miss Winnifred Cummins, a member of the Federal Department of Public Health of Australia, who was a visitor in Winnipeg. Additional guests on this occasion were Misses A. E. Wells, E. Russell, L. Gray, and I. McDiarmid, representing the various public health agencies in Winnipeg, and the Province of Manitoba.

Winnipeg General Hospital: At a meeting of the Winnipeg General Hospital Alumnae Association Mrs. Thomas paid high tribute to the memory of Miss Frederica Wilson, who, from 1904 to 1913, was superintendent of nurses at the W.G.H., and whose death occurred on February 18, 1935, at Whonnock, B.C. Following this tribute a two-minute silence was observed. A page in the Minute Book of the Alumnae Association will be dedicated to commemorate her years of devotion and faithful service to the nursing profession and to the Winipeg General Hospital.

The various groups of the Alumnae Club have been very active during the winter months. The handicrafts and social service groups combined have undertaken to provide clothing for a needy family. The current events group has had some interesting papers on various topics. Winter outings have been enjoyed by the sports group and a play entitled "Tons of Money" was staged by the dramatic group on April 2 at the Dominion Theatre, under the direction of Mrs. Gwladys Rutherford of the Little Theatre.

MARRIED: On Jan. 2, 1935, Miss Myrtle Fairburn (W.G.H., 1926) to Mr. William Sutherland.

MARRIED: On Feb. 22, 1935, Miss Anna McNeil (W.G.H., 1925) to Mr. W. Colborne.

MARRIED: On Jan. 26, 1935, Miss Mildred Reid (W.G.H., 1924) to Mr. A. C. McFetridge.

MARRIED: On Jan. 1, 1935, Miss Florence Taylor (W.G.H., 1928) to Mr. Eric Hinchcliffe.

WINNIPEG: The following excerpts are from a letter from Miss Lucy Junod (W.G.H., '27), who has been home on furlough from Tanganyika, in East Africa, and has now gone to French Equatorial Africa: "From Genoa the sea was rough, but the following morning found us well and happy and glad to be on our way back to Africa. After we left Port Said, we went down the Suez Canal, having to go very slowly as the Canal is not wide enough for two boats to pass. We had to be towed to the side of the Canal several times by a small boat in order to let other ships pass. Three days of damp heat brought us to Port Sudan, where we saw the coral reefs and gathered coral along the shore. Our next point of interest was where the currents of the Red Sea, Indian Ocean and Pacific Ocean meet. We were late in arriving at Mombassa on account of storms and here three of our missionaries met us. We travelled all night to Nairobi, and along the roads the trees were lovely. Finally we arrived in Kijabe, Kenya Colony, and here a bright fire was burning and some found warmer clothing necessary, thus making it difficult for our two new missionaries to believe that they are really in Africa." In a more recent letter, Miss Junod tells of her difficult journey from East Africa to the French Congo, and of her safe arrival there. She has not begun her work as yet but is studying the languages.

BRANDON: The Brandon Graduate Nurses Association held their monthly meeting on March 12, with the private duty nurses in charge. Mrs. Fisher introduced the speaker. Dr. H. S. Sharpe, whose subject, "Recent advances in therapeutics," was very instructive. The meeting closed with a social hour. The April meeting was held on April 2, when Miss Fraser was made convener of the nominating committee. The annual dinner is to be held on May 7.

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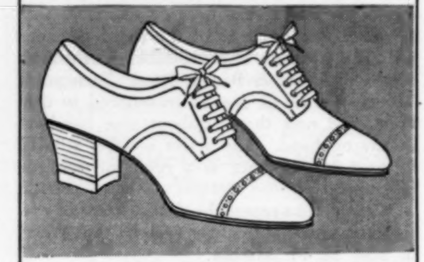

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EXAMINATION ANNOUNCEMENT

An Examination for the Registration of Nurses in the Province of Ontario will be held on May 28th, 29th and 30th.

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NEW BRUNSWICK

Fredericton: The Fredericton chapter of the N.B.A.R.N. held their regular meeting with an attendance of twenty-two. After an instructive lecture on tuberculosis by Dr. Cameron, refreshments were served.

Saint John General Hospital: The annual meeting of the Saint John General Hospital Alumnae Association was held on April 1, when the following officers were elected: Mrs. G. L. Dunlop, president; Mrs. F. M. McKelvey, first vice-president; Miss S. Hartley, second vice-president; Miss K. Holt, treasurer; Miss Celia Gleeson, secretary. Additional members of the executive are: Miss M. Murdoch, Miss L. Henderson and Mrs. J. E. Beyea. It was decided to give a prize for the nurse obtaining the highest mark in the 1935 graduating class. The sum of $5.00 was donated to the Cancer Fund.

Saint Stephen: The C.M.H. Alumnae Association met on March 28 with the president, Miss Dunbar, in the chair. Five dollars was voted to the Nightingale Fund. Miss Giles has returned to St. Stephen after completing a postgraduate course in the Children's Memorial Hospital, Montreal.

Married: Miss Alma Clarke (C.M.H., 1930), to Mr. Laurie Nason.

NOVA SCOTIA

Halifax: Nurses leading the province at the last registration examinations were, first, Miss A. Kathleen Redmond, St. Martha's Hospital, Antigonish; second, Miss Lettie M. Turner, Glace Bay General Hospital; third, Miss Mary M. Shearman, Halifax Infirmary. Seventy-nine others were successful. Constable Michael Quinn, R.C.M.P., graduate of the Victoria General Hospital, class of 1931, left recently for Regina, Sask., where he has been placed in charge of the R.C.M.P. hospital. A meeting of the A.G.I.R. Branch was held at Antigonish on March 23. The March meeting of the Valley Branch was held on March 15, at the Payzant Memorial Hospital. Mrs. Hope Mack, superintendent of the Nova Scotia Sanatorium, Kentville, presided, and nurses attended from Kentville, Wolfville, Berwick and other points. Miss Helen Saunders, superintendent of nurses, served tea at the conclusion of the meeting. A meeting of the executive committee of the R.N.A.N.S. was held at the Halifax Infirmary on March 26. The Refresher Course organized by the Halifax Branch was well attended; seventy nurses were enrolled. Miss Lenta Hall, superintendent of the Halifax Branch of the V.O.N., will leave shortly to do a

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month's observation work in New York and other points. Miss Ethel Warner, Dartmouth, has been appointed to the staff of Camp Hill Hospital, Halifax.

ONTARIO

ONTARIO DEPARTMENT OF HEALTH: Miss Elsie R. Haist, who has been engaged in school nursing in Welland for several years, recently resigned to be married and was succeeded by Miss Isobel Price, who has been connected with the Niagara Peninsula Sanatorium as tuberculosis nurse in the counties of Lincoln and Welland. Miss Price is a graduate of Course Two, Toronto General Hospital and University of Toronto. Miss Miriam Sherwood, graduate of the School of Nursing of the Hospital for Sick Children and of the public health nursing course, University of Toronto, has been appointed to succeed Miss Price at the Niagara Peninsula Sanatorium. Miss B. E. Harris recently resigned from her position as supervisor of public health nurses, Board of Health, Oshawa, and Miss Marie Johnston, graduate of the School of Nursing of the Hospital for Sick Children and a member of the Oshawa staff, was appointed to succeed her. Miss Isobel Pringle, a graduate of the School of Nursing of the Guelph General Hospital and of the public health nursing course, University of Western Ontario, has joined the staff in Oshawa. Mrs. Ethel V. North, graduate of the School of Nursing of the Connaught Training School, Toronto Hospital, Weston, and of the public health nursing course, University of Western Ontario, has been engaged as public health nurse in Cochrane. Miss Lillian Wark, graduate of the School of Nursing of the Toronto General Hospital and of the public health course, University of Toronto, has accepted a position with the Metropolitan Life in Niagara Falls. Miss Marcelle Smith, graduate of the School of Nursing of the Victoria Hospital, London, and of the public health nursing course, University of Western Ontario, is relieving Miss Elizabeth Jones as public health nurse in Weston; we regret to report that Miss Jones has been ill for several weeks. Miss M. F. Ross, school nurse in Belleville, who resigned recently to be married, is succeeded by Miss Elizabeth Earshman, a graduate of the School of Nursing of the Belleville General Hospital. Miss Luella Wing, a graduate of the School of Nursing of the Victoria Hospital, London and of the public health nursing course, University of Western Ontario, has joined the staff of the Board of Health, Timmins, to assist Miss Florence Farr in tuberculosis work. Miss Margaret I. Harrison, graduate of the School of Nursing of the Toronto General

Hospital and of the University of Toronto public health course, was appointed several months ago as public health nurse in Penetanguishene. Miss Margaret Nealon, graduate of the School of Nursing of St. Michael's Hospital and the public health nursing course, University of Toronto, and formerly of the public health nursing staff of the Ontario Department of Health, has been appointed by the Board of Health, Fort William, for work in the separate schools.

ONTARIO

DISTRICT 1

LONDON: A successful bridge party was held at the Ontario Hospital in which nurses-in-training and graduates of Victoria Hospital, St. Joseph's Hospital, Ontario Hospital, Queen Alexandra Sanatorium and Westminster Hospital took part. Mrs. H. V. Smith was convener, assisted by Miss M. L. Jacobs, Miss M. Walker, Miss A. Bradley, Miss M. Jones, Miss M. Rouatt, Miss O. O'Neill, Miss E. Kennedy and two student nurses from each school. Dr. G. H. Stevenson, Miss M. L. Jacobs and Mrs. H. V. Smith received the guests. Miss P. Angus and Miss G. Perris sang solos.

ONTARIO HOSPITAL, LONDON: Complimenting Miss Catherine Davies, formerly a member of the supervisory staff of the Ontario Hospital, a delightful party was arranged by the nursing staff when she was presented with a Sheffield tea service in honour of her approaching marriage to the Rev. David Jones, rector of St. Mark's Church, Bargoed, South Wales. Miss Davies, who sailed for England on March 3, is a graduate of Watford Royal Infirmary, London, England, and of the Ontario Hospital, London.

DISTRICT 4

HAMILTON GENERAL HOSPITAL: On April 5 a successful bridge was held by the Alumnae Association. The proceeds were in aid of the Mutual Benefit Fund. Miss Louise Shepherd, from the Montreal General Hospital, has been appointed supervisor of the Children's Wing. Miss Hilda Howert has resigned from the staff of the H.G.H., to take a position in a Mission Hospital, New Guinea. She expects to sail in June.

MARRIED: On March 15, 1935, Miss Mary Ward to Dr. Beverly Robinson.

DISTRICT 5

TORONTO: The Community Health Association of Greater Toronto held a meeting on March 20. Motion of adoption of a recommendation from the Committee on Maternal Care was held over until the next meeting. The convener of this committee, Miss Ethel Greenwood, reported a meeting at which its

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members had discussed the new provincial plan for unemployment-medical relief. The committee recommended that constructive suggestions as to the provision of nursing care for relief recipients should be submitted to those administering the scheme. It was decided to hold a bridge to raise funds for the association and Miss Muriel McKay was appointed convener of the committee on arrangements. Mrs. H. J. Cody, a member of the group, gave an address, as representing the Federation for Community Service, and discussed the responsibility of the public and private agency in a community programme.

OVERSEAS NURSING SISTERS ASSOCIATION: TORONTO UNIT: On March 29, the Toronto Unit, Overseas Nurses Association of Canada, held its annual bridge party, which was attended by two hundred members and their guests who were received by the president, Miss L. Gamble, and the vice-president, Mrs. Driver. Mrs. McQueen, social convener, assisted by members of the executive, aided in the success of the evening.

DISTRICT 6

PETERBOROUGH: A special meeting arranged under the auspices of Chapter C, District 6, R.N.A.O., was held March 8 when Miss Ethel Johns, editor of *The Canadian Nurse*, was guest speaker. The afternoon meeting was for nurses only and we had an informal talk and later a spirited debate on the eight-hour system and various insurance schemes. Seventy-five nurses attended, including representatives from Belleville, Cobourg, Oakwood, Lindsay and Apsley. Afternoon tea brought the meeting to a close. In the evening Miss Johns addressed a meeting at which over two hundred people were present. This was under the combined auspices of the members of Chapter C, District 6, R.N.A.O., and the Business and Professional Women's Club and was opened to the general public. The meeting was presided over by Mrs. La Plante, president of the Chapter, and Dr. G. Stewart Cameron introduced the speaker, whose subject was "A Nurse in the House." A vote of thanks was voiced by Miss Fanny Dixon, speaking for the nurses, and seconded by Miss E. Warren Kee, president of the Business and Professional Women's Club. A beautiful bouquet was presented to Miss Johns by little Jean Ferguson and a bouquet of spring flowers to Miss Trucie Pearson, who delighted her audience with a vocal number accompanied by Miss Pearl Smith.

DISTRICT 10

FORT WILLIAM: At the March meeting of District 10, R.N.A.O., held at the McKellar Hospital, Dr. George Jeffreys, superintendent

ON DUTY - OFF DUTY
NUGGET
WHITE KID CLEANER
KEEPS WHITE KID WHITE!

of the Thunder Bay Sanatorium, gave an informative address on "Modern Methods of Treating Tuberculosis." He showed X-ray plates illustrating the extent of the disease before and after treatment. The meeting was conducted by Miss Vera Lovelace, chairman of the district, and there was an attendance of forty-one members. Refreshments were served by the nurses of the hospital. Miss McKinnon (McKellar Hospital) is taking postgraduate work at the Toronto Hospital, Weston. Miss Jane Hogarth (McKellar Hospital) has just completed a postgraduate course at the tuberculosis hospital in Winnipeg.

PORT ARTHUR: Miss Isobel Morrison and Miss Doris Shanhan, graduates of St. Joseph's Hospital, have completed postgraduate courses at the Boston Lying-in Hospital. Miss Elaine Marion (St. Joseph's Hospital, 1934) is taking postgraduate work at the Toronto Hospital, Weston.

QUEBEC

MONTREAL: ROYAL VICTORIA HOSPITAL: The monthly meeting of the Alumnae Association was held on March 14 when Miss Ethel Johns, editor of *The Canadian Nurse*, gave a brief address. Miss Eileen Potts (R.V.H., 1932) has taken the position in the hydrotherapy department formerly occupied by Miss Marguerite McDougall (R.V.H., 1923).

MONTREAL GENERAL HOSPITAL: Miss Louise Shepherd (class of 1928) has resigned her position at the M.G.H. as pediatric supervisor to take a similar one in the Hamilton General Hospital. On February 20, the nursing and dietetic staffs of the Central and Western Divisions gave a dinner in her honour when she was presented with a complete set of the works of J. M. Barrie, in rose leather binding. Miss Muriel Bazin, a graduate of the School of Nursing of the Hospital for Sick Children, Toronto, has accepted the position of pediatric supervisor at the Montreal General Hospital. Miss Holt has received a letter from Miss Edythe Ward, who some months ago joined the Grenfell Mission, St. Anthony, Newfoundland; she writes of her experiences in an interesting way. Friends of Miss Eleanor Sait and of Miss Bessie Briggs will regret to hear that both have been con-

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fined to the hospital as patients, due in both cases to accidents resulting in fractures.

Women's General Hospital, Montreal: At the March meeting of the Alumnae Association Miss E. Frances Upton gave an interesting address on the "Professional obligations of an Alumnae Association." Miss I. Moore (1930) is in charge of the outdoor department; Miss Evelley (1934) has been appointed as night superintendent, and Miss Logan (1933) is in charge of the third floor. Miss Saunders (1931) is taking a postgraduate course in midwifery in London, England.

Quebec: "Capping exercises" were held recently in the School of Nursing of Jeffery Hale's Hospital, attended by staff and student nurses and interested friends. On a table on the platform lay the newly-starched caps, and candles in the school colours, yellow and blue. Presiding were: Miss M. E. Lunam, assistant superintendent; Miss Vivian Wrye, president of the student government organization, and Miss D. M. Anderson, instructress. The ceremony was opened with prayer by the Rev. A. D. Matheson. Then, as the assistant superintendent held a lighted candle which represented the symbolic lamp of Florence Nightingale, the students were called to the platform by the president of the student government organization, who pinned on their caps. The instructress then handed a candle to each student as she passed and this was lighted from the one held by the assistant superintendent. The students were asked to remember what that light signified and the instructress concluded her address by tracing the origin of nursing traditions. Dr. Delaney, superintendent of the hospital, addressed the class, reminding them that study, accompanied by perseverance, would lead to success. Miss Taylor, senior of the class, on behalf of her classmates, thanked all who had contributed to their success and happiness, and expressed their determination to prove worthy of their caps.

SASKATCHEWAN

Saskatoon: At the March meeting of the Saskatoon City Hospital Alumnae Association it was decided to furnish a room for nurses in the Hospital. Five dollars was voted to the Nightingale Memorial Fund. Miss E. I. Wyatt (S.C.H., 1933), Miss M. J. Horbay (S.C.H., 1934) and Miss M. Fleming (S.C.H., 1934) are taking postgraduate courses at the Saskatoon Sanatorium.

Saskatoon: Miss E. Robinson (S.C.H., 1934) and Miss H. Fast (S.C.H., 1934) have been appointed to the operating room staff at the Saskatoon City Hospital.

FLORENCE NIGHTINGALE MEMORIAL FUND

Additional contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta	
Nursing Staff, Grand Prairie Hospital	$ 5.00
British Columbia	
Kimberley Staff	10.00
Graduate Nurses Association, New Westminster	26.00
Sisters of St. Joseph, Comox	5.00
Sisters of St. Joseph, Rossland	5.00
R. W. Large Memorial Hospital, Bella Bella	12.00
Science Girls' Club, U.B.C.	20.00
Student Council, Vancouver General Hospital, Vancouver	40.00
Overseas Nursing Sisters Association (Vancouver Unit)	10.00
Staff, Vernon Jubilee Hospital, Vernon	6.00
A.A., Vancouver General Hospital, Vancouver	35.00
New Brunswick	
From the Nurses of New Brunswick	72.68
Ontario	
A.A., Belleville Hospital, Belleville	5.00
A.A., Cornwall General Hospital, Cornwall	10.00
Overseas Nursing Sisters Association (Hamilton Unit)	5.00
Edith Cavell Graduate Nurses Association, London	15.00

Isobel Hampton Chapter I.O.D.E., London	5.00
A.A., Public Health Institute, London	5.00
A.A., St. Andrews Hospital, Midland	5.00
A.A., St. Luke's Hospital, Ottawa	10.00
A.A., Nicholls Hospital, Peterborough	5.00
R.N.A.O. District 9, Soo Group, Sault Ste. Marie	10.00
A.A., Mack Training School, St. Catharines	10.00
A.A., Memorial Hospital, St. Thomas	5.00
A.A., Public Hospital, Smith's Falls	5.00
A.A., St. Joseph's Hospital, Sudbury	5.00
Community Health Association, Toronto	10.00
A.A., East General and Orthopedic Hospital, Toronto	5.00
A.A., St. Michael's Hospital, Toronto	10.00
A.A., St. Joseph's Hospital, Toronto	10.00

Quebec

A.A., Montreal General Hospital	50.00
La Filiale des Gardes-Malades de l'Hôpital de la Providence, Montreal	5.00
Hôpital St. Joseph du Precieux Sang, Rivière du Loup	2.00
Hôpital St. Jean, St. Johns	2.00

Saskatchewan

Regina Registered Nurses Association, Regina	10.00
A.A., Regina General Hospital, Regina	10.00
A.A., Grey Nun's Hospital, Regina	10.00
Saskatoon Registered Nurses Association, Saskatoon	10.00
A.A., Saskatoon City Hospital, Saskatoon	5.00
Student Club, Saskatoon City Hospital, Saskatoon	5.00

OBITUARY

CRAIGHEAD—The death occurred in Vancouver, B.C., on February 23, 1935, of Mina B. Craighead. She was a graduate of the School of Nursing of St. Joseph's Hospital, Victoria, and served with distinction during the Great War. Her attractive personality endeared her to all who knew her, and her courage during her long illness was outstanding.

MATHIESON — Suddenly, at Vancouver, B.C,. on March 9, 1935, Mrs. Anne (Whitlock) Mathieson, R.R.C. Mrs. Mathieson was born at Settle, Yorkshire, England, and trained at the Royal Glasgow Infirmary, Glasgow, Scotland. She came to British Columbia in 1912 and with the exception of the years 1914 to 1919, lived in the province. She served with the Queen Alexandra Imperial Nursing Service in France for the duration of the War, receiving the Royal Red Cross and other service medals. On her return she held posts as superintendent of several hospitals and superintendent of nurses in the Schools of Nursing of the Duncan and Hazelton Hospitals. On her way to nurse a friend she died, as she would have wished—on duty.

MELLAFONT—The death occurred in Winnipeg on February 28, 1935, of Laura Mellafont. She was a graduate of the School of Nursing of the Brockville General Hospital, class of 1898, and was prominently identified with the Victorian Order of Nurses in Montreal, Halifax and Hamilton and was in charge of V.O.N. hospitals at Minnedosa, Man., and Quesnel, B.C. For some time she was a member of the staff of the Children's Hospital of Winnipeg and later served as night supervisor at the General Hospital, Ithaca, N.Y. She was a capable and popular nurse and had many friends who regret her passing.

ROE—The death of Irene Roe (W.G.H., 1926) occurred at Saskatoon, Sask., on February 28, 1935.

. . . OFF . . . DUTY . . .

We have purposely refrained . . . from exercising our journalistic privilege . . . of posing as a critic of the arts . . . until a certain moving picture . . . had gone the way of all celluloid . . . so far at least as Canada is concerned . . . We refer to "The White Parade" . . . In fact we had just about decided . . . not to mention the sad affair at all . . . when we came upon some comments . . . in our British contemporaries . . . which so delighted us . . . that we must pass them on . . . The British Journal of Nursing *puts it this way: . . . "The nursing profession has, as usual, been guyed" . . . That seemed to us . . . to put the whole thing in a nutshell . . . However,* The Nursing Mirror *is a little more explicit . . . and remarks that "it is hard to believe that this picture of life in American training schools is quite a true one . . . English nurses will be sorely tempted to laugh in the wrong places" . . . Quite so . . . that is just what happened to us . . . Neither were we surprised to find . . . that the younger generation of Canadian nurses . . . had been equally irreverent . . . The question does arise, however . . . as to what effect . . . such a mixture of vulgarity and false sentiment . . . may have on public opinion concerning nurses and nursing . . . We have heard nurses say . . . "There ought to be a law" . . . but we don't think so . . . because we have no respect whatever for the decision of censors . . . either lay or professional . . . when it comes to matters of taste . . . What really hurts us . . . is to see excellent dramatic material . . . lying around unused . . . for as we have remarked before . . . a really good film . . . could be based . . . on the lively adventure of "training to be a nurse" . . . as we used to say . . . in the gay 'Nineties . . . before we took higher education quite so hard as we do now . . . If and when we are called in . . . as technical adviser . . . to the great minds of Hollywood . . . we are, however, going to be quite stern . . . about some things . . . Florence Nightingale will not be garbed . . . in what looked like an over-sized kitchen apron . . . classes of incoming probationers . . . will not give the impression that they have just escaped from Ellis Island . . . and if we have anything to do with the casting . . . the leading man will not be . . . Mr. X . . . (perhaps we had better not mention his name) . . . Indeed the only time the heroine captured our sympathy . . . was when she decided . . . that single blessedness and the practice of nursing . . . were preferable to a lifetime . . . spent with the gentleman in question . . . Now if it had been . . . (name deleted by censor) . . . we might have leaped from our seats . . . like the children do . . . when Peter Pan asks them . . . please to believe in fairies . . . and begged her to reconsider . . . her austere renunciation of wedded bliss . . . Just this very morning . . . we were happily reassured . . . about the possible effect on public opinion . . . Our elevator boy . . . like all young things who are condemned to live in cages . . . likes to pass the time of day . . . Sometimes we talk about the marvellous exploits of his dog . . . (a most unprepossessing animal) . . . and occasionally we discuss . . . Shakespeare and the musical glasses . . . and the movie of the week . . . "That was a lovely picture . . . that 'White Parade'," said he . . . "Wasn't it?", said we politely . . . "But I don't think most nurses are as pretty as Loretta Young . . . the one we had at the hospital when dad was sick wasn't" . . . "She couldn't be," we replied apologetically . . . We reached our floor . . . and the grating slowly glided open . . . "But dad liked her just the same . . . she was good to him" . . . then as the elevator slid downwards . . . "that picture was a bit slushy, anyway" . . . Public opinion? . . .*

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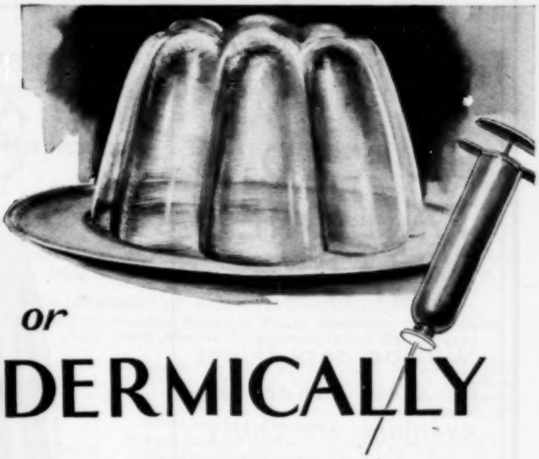

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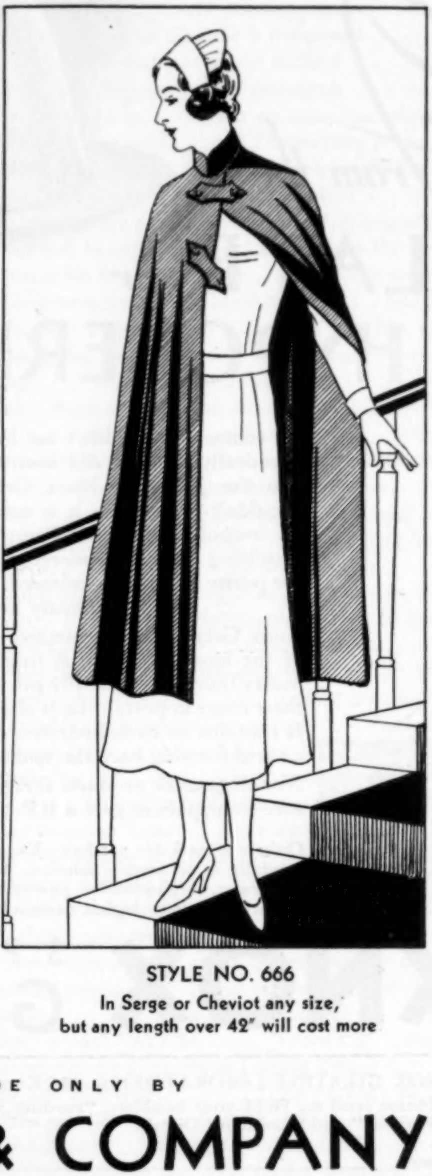

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QUEBEC

Association of Registered Nurses of the Province of Quebec Incorporated 1920

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Marcellin, Rév. Soeur Valerie de la Sagesse, Mademoiselle Charlotte Tassé; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (Engligh), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss C. M. Ferguson, Alexandra Hospital, Montreal; Hon. Treasurer, Miss M. E. Nash, V.O.N., 1246 Bishop St., Montreal. *Other Members:* Miss Mabel K. Holt, Miss Marion Lindeburgh, Miss Esther Beith, Mademoiselle Alexina Marchessault, Miss Eileen C. Flanagan. *Conveners of Sections: Private Duty* (English), Miss Ruby Cochrane, Maplehurst, Summit Circle Montreal; *Private Duty* (French), Mademoiselle Juliane Labelle, 324 Carré St. Louis, Montreal; *Nursing Education* (English), Miss Edith Buchanan, Royal Victoria Hospital, Montreal; *Nursing Education* (French) Rev. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin; *Public Health* (Bi-lingual), Miss Esther M. Lewis, V.O.N., Montreal; Board of Examiners, Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal; Miss Ethel Sharpe, 43 Windsor Ave., Westmount; Mlle. Edna Lynch, 4642 rue St. Denis, Montreal; Mlle A. Marie Anysie Déland, Institut Bruchési, Montreal; Mlle. A. Marchessault, 3256 ave Lacombe, Montreal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; Second Vice-President; Miss Jean B. McDonald, 1122 Rae Street, Regina; *Councillors:* Miss Edith Stocker, Sanatorium, Saskatoon, Miss R. M. Simpson, Dept. of Health, Regina, *Conveners of Standing Committees: Nursing Education*, Miss Annie Lawrie, General Hospital, Regina; *Public Health*, Mrs. E. M. Feeny, Dept. of Health, Regina, *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; ***Legislation***, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer and Registrar, Miss Margaret A. Ross, 45 Angus Cresc., Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss M. A. Turner; Second Vice-President, Miss E. Standing; Treasurer, Miss E. Gavin; Recording and Corresponding Secretary, Miss H. S. Peters, University Hospital, Edmonton; Registrar, Miss A. L. Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. G. Crockford; Second Vice-President, Miss M. Reid; Secretary, Miss V. Crandall, Medicine Hat General Hospital; Treasurer, Miss F. Smith; *Committee Conveners:* Membership, Miss C. Walker; Visiting, Mrs. W. A. Fraser; *Private Duty Section*, Mrs. C. Pickering; Correspondent to *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, superintendent Kootenay Lake General Hospital; President, Miss V, B. Eidt; First Vice-President, Miss M. Madden; Second Vice-President, Miss M. J. Leslie; Secretary-Treasurer, Miss S. K. M. Scott, Box 184, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss A. J. McLeod, Vancouver General Hospital; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss D. L. Webster, 6207 Balsam St.; Treasurer, Miss L. Archibald, 536 West 12th Ave.; *Council:* Misses K. Sanderson, M. Ewart, F. H. Walker, E. Barry, Mrs. A. G. Westman; *Committee Conveners:* Finance, Miss M. I. Teulon; Programme, Miss E. V. Cameron; Membership, Miss M. Dutton; Visiting, Miss J. Johnston; Directory, Miss M. Ogilvie; Social, Miss G. Currie; Representatives: to the Press, Miss G. Archibald; to Local Council of Women, Miss M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. Toynbee; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King; Treasurer Miss W. Cooke; Registrar,Miss E. Franks, 1035 Fairfield Road, Victoria; *Executive Committee:* Miss T. Locke.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Eva McNally-First Vice-President, Mrs. L. Fletcher; Second Vice; President, Miss V. Vance; Secretary, Miss Dorothy Longley, Mental Hospital, Brandon; Treasurer, Mrs. M. Long, Dominion Bank Bldg., Brandon; *Committee Coveners:* Press, Miss Helen Morrison; Sick Visiting, Mrs. J. R. Fisher; Welfare, Miss E. M. Higgens; Social and Programme, Mrs. E. Hanna; Cook Book, Mrs. A. Kains; Private Duty, Mrs. L. Fletcher, Miss Isobel Knox; Registry, Miss C. MacLeod.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents: Miss Bliss and Miss Clark; President, Mrs. G. Mulligan; First Vice-Pres., Miss A. Church; Second Vice-Pres., Mrs. J. Bell; Treasurer, Mrs. F. White; Secretary and Representative to *The Canadian Nurse*, Miss H. Durant, 42 Main St. East; *Committee Conveners:* Social and Flower, Mrs. G. Mulligan.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss E. Bean; Vice-President, Miss G. Dwaine; Corresponding Secretary, Miss F. Wardleworth; Recording Secretary, Miss Harvey; Treasurer, Miss Margaret Robins; Representative, *Private Duty Section*, Miss E. Morrissette.

MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss A. Jamieson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill and Miss Coventry; Programme, Miss L. Carter; Press, Miss Mutrie; Social, Miss French; Sick Visiting, Miss Armstrong; Representative to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss K. Brighty; Vice-President, Miss I. Johnson; Second Vice-President, Miss E. Miller McManus; Secretary, Miss L. Einarson; Corresponding Secretary, Miss G. McDiarmid; Treasurer, Miss A. Oliver; *Committee Coneners:* Programme, Miss G. Allyn; Social, Miss V. Kelly McNeil; Sick Visiting, Miss J. Munro; Membership, Miss M. Cullerne.

A.A. University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital

Hon. President, Mrs. A. E. Archer; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namao; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue, W., Calgary; Convener, Social Committee, Mrs. R. Shears.

BRITISH COLUMBIA

A.A., Vancouver General Hospital

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss M. Lunan; Secretary, Miss I. Collier; Corresponding Secretary, Miss J. McTavish, Vancouver General Hospital; Treasurer and Bonds, Miss O. Bealby, Vancouver General Hospital; *Committee Conveners:* Programme, Miss M. Tennant; Membership, Miss M. Ferris; Sick Visiting, Miss H. Arnold; Refreshments, Miss M. Pooley; Sewing, Mrs. L. Gordon; Press, Miss B. Haddon; Mutual Benefit Association Representative, Miss H. Campbell; Representative, V.G.N.A., Miss Rhodes.

A.A., Royal Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss E. Rossiter; First Vice-Pres., Miss M. Mirfield; Second Vice-Pres., Miss E. Rose; Secretary, Miss M. Dickson, 3770 Craigmiller Ave.; Assist. Sec., Miss D. Hargreaves; Treasurer, Mrs. A. Dowell; *Committees:* Social, Mrs. J. H. Russell; Sick Visiting, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt Children's Hospital; Treasurer, Miss F. McLeod; Sick Visiting, Miss Ditchfield; Entertainment, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

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A.A., Winnipeg General Hospital

Hon. President, Mrs. A. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25, Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Mrs. J. S. Ward, 197 Beaverbrook St.; Recording Secretary, Miss A. Effler, Ste. 12½ Diana Crt.; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. Duncan, Winnipeg General Hospital; Representative on Training School Committee, Miss K. McLearn, Shriners' Hospital; *Committee Conveners:* Membership, Miss I. Ramsay, Central Tuberculosis Clinic; Sick Visiting, Miss J. Morgan, 102 Rose St.; Entertainment, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Special Committee, Miss P. Brownell, 215 Chestnut St.; Alumnae Club, Miss F. Tretiak, Broad Valley, Man.; Editor of Journal, Miss F. McRae, 44 Evanson St.; Assistant Editor, Miss J. Moody, 76 Walnut St.; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

SAINT JOHN

A.A., Saint John General Hospital

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A.A., Chipman Memorial Hospital, St. Stephen

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A.A., Glace Bay General Hospital

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WOODSTOCK

A.A., L. P. Fisher Memorial Hospital, Woodstock

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ONTARIO

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A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss H. Fitzgerald; Secretary, Miss M. J. Youmans; Treasurer, Miss I. Chatterson, General Hospital; Flower Committee, Miss B. McEwan; Representative to *The Canadian Nurse*, Miss F. Fitzgerald.

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A.A., Brantford General Hospital

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A.A., Brockville General Hospital

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A.A., Public General Hospital

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A.A., St. Joseph's Hospital

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CORNWALL

A.A., Cornwall General Hospital

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A.A., Galt Hospital

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GUELPH

A.A., Guelph General Hospital

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A.A., Hamilton General Hospital

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A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Irene Murray; Vice-President, Miss A. Maloney; Secretary, Miss Lena Curry, 52 North Oval; Treasurer, Miss M. Kelly; Representative to *The Canadian Nurse*, Miss M. Maloney, 31 Erie Ave.; Representative R.N.A.O., Miss Jean Morin.

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A.A., Hotel Dieu, Kingston

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A.A., Kingston General Hospital

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A.A., Kitchener and Waterloo General Hospital

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A.A., St. Joseph's Hospital

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A.A., Niagara Falls General Hospital

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A.A., Orillia Soldiers' Memorial Hospital

Hon. Presidents: Miss E. Johnston, Miss O. Waterman; President, Miss G. Adams; Vice-Presidents: Miss A. Reekie, Miss J. Quinton; Treas., Mrs. L. McKay; Rec. Sec., Miss E. Mitchell; Corr. Sec., Miss F. Pearce, 48 Elgin St.; *Board of Directors:* Miss S. Dudenhoffer, Miss M. MacLelland, Mrs. Kirkpatrick.

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A.A., Oshawa General Hospital

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A.A., Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton; President, Miss Jean Blyth; Vice-President, Miss M. McNiece; Secretary, Miss Gertrude Halpenny, Protestant Children's Village; Treasurer, Miss M. Slinn, 204 Stanley Ave.; *Board of Directors:* Misses E. McColl, S. McQuade, L. Bedford, M. Stewart; ***Committee Conveners:*** Flower, Mrs. V. Boles; Press, Mrs. W. C. Elmitt; Representative to ***The Canadian Nurse***, Miss A. Ebbs.

A.A., Ottawa Civic Hospital

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A.A., Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitille; President, Miss G. Clark; Vice-Presidents: Misses M. Munro and Mary Larose; Secretary-Treasurer, Miss Hazel Brennan, Ottawa General Hospital; Membership Secretary, Miss F. Poitras; *Sick Visiting Committee:* Misses Juliette Robert, Stella Kearns, Pauline Bissonnette, Bernadette Legris; Representative to *The Canadian Nurse*, Miss Evelyn Kennedy; *Representative to the 1934 class*, Miss F. Baxter; *Representatives to the Central Registry:* Misses Irene Rogers and Margaret Timmins.

A.A., St. Luke's Hospital

Hon. President, Miss E. Maxwell; President, Miss M. MacLaren; Vice-President, Miss M. Lunan; Secretary, Miss M. Nelson, 44 First Ave.; Treasurer, Miss I. Allan, 1188 Gladstone Ave.; *Central Registry:* Misses M. Wilson, S. Carmichael; *Nominating Committee:* Misses S. Clark, S. Carmichael, E. Young; Representative to *The Canadian Nurse*, Miss M. Drummond, Civic Hospital.

OWEN SOUND

A.A., Owen Sound General and Marine Hospital

Hon. Presidents: Miss E. Webster and Miss B. Hall; President, Miss F. Rae; First Vice-President, Mrs. C. Johnston; Second Vice-President, Miss M. Paton; Third Vice-President, Miss A. Robinson; Secretary-Treasurer, Miss A. Weeden, 1174 1st Ave. W.; Auditor, Mrs. C. Johnston; *Committee Conveners:* Flower, Miss M. Tolton; Visiting, Mrs. McKay; Programme, Miss M. Miller; Refreshment, Mrs. A. Burns; Purchasing, Mrs. D. McMillan; Press, Miss M. Cruickshank; Ways and Means, Mrs. D. McMillan.

PETERBORO

A.A., Nicholls Hospital

Hon. President, Mrs. E. M. Leeson; President, Miss A. Dobbin; First Vice-President, Miss H. Russell; Second Vice-President, Miss L. Simpson; Secretary, Miss F. Vickers, 738 George St.; Treasurer, Miss B. Smith, 129½ Hunter St.; Corresponding Secretary, Miss M. Beavis, 406 Sheridan St.

PORT ARTHUR

A.A., St. Joseph's Hospital

Hon. President, Rev. Mother Priscilla; Hon. Vice-Pres., Rev. Sister Melanie; President, Miss E. Laminen; First Vice-Pres., Miss C. McNamara; Second Vice-Pres., Miss M. Hamilton; Rec. Sec., Mrs. G. O'Rourke; Corr. Sec., Miss I. Morrison, 345 Archibald St. N.; Fort William; Treasurer, Miss M. Flanagan.

SARNIA

A.A., Sarnia General Hospital

Hon. President, Miss M. Lee; President, Miss D. Shaw; Vice-President, Miss O. Banting; Secretary, Miss A. Parker; Treasurer, Miss B. McFarlane; *Committee Conveners:* Flower, Miss A. Silverthorne; Programme and Social, Miss L. Segrist; Representative to *The Canadian Nurse*, Miss B. Eastman.

STRATFORD

A.A., Stratford General Hospital

Hon. President, Miss A. M. Munn; President, Mrs K. Snider; Vice-President, Miss D. Robfritch; Secretary-Treasurer, Miss F. Weicker, 44 Blake St.; *Committee Conveners:* Social, Miss M. Thomas; Flower, Miss L. Attwood.

ST. CATHARINES

A.A., Mack Training School

Hon. President, Miss Anne Wright; President Miss Nora Nold; First Vice-President, Miss M. McClunie; Second Vice-President, Miss E. Horton; Secretary, Miss J. Smith, 128 Queenston St., St. Catharines; Treasurer, Miss E. Daboll, 1 Fitzgerald St.; *Committee Conveners:* Social, Miss Bernice Rule; Programme, Miss Aleda Brubacher; Representative to *The Canadian Nurse*, Miss Emily Purton, Box No. 35, Thorold.

ST. THOMAS

A.A., Memorial Hospital

Hon. President, Miss L. Armstrong; Hon. Vice-President, Miss Buchanan; President, Miss A. Campbell; First Vice-President, Miss E. Jewell; Second Vice-President, Miss J. Underhill; Recording Secretary, Miss M. Esseltine; Corresponding Secretary, Miss E. Dodds; Treasurer, Miss A. Claypole, 48 Fifth Ave.; *Executive:* Misses B. Mitchener, H. Hastings, P. Cameron, Mrs. T. Reid, Mrs. J. Smale; *Committee Conveners:* Nominating, Miss B. Pow; Purchasing, Miss F. McAlpine; Social, Miss F. York; Ways and Means, Miss Irene Blewett; Visiting, Miss L. Smalldon Representative to *The Canadian Nurse*, Miss Amy Prince.

TORONTO

A. A. Grace Division, Toronto Western Hospital

Hon. President, Mrs. C. J. Currie; President, Miss A. O. Bell; Recording Secretary, Miss Doris L. Kent; Corresponding Secretary, Miss May Hood, Grace Hospital, Toronto; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., The Grant MacDonald Training School for Nurses

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